

HOUSING AUTHORITY OF
THE CITY OF ANACONDA
10 MAIN STREET
ANACONDA, MT 59711
(406) 563-2921
(406) 563-5309 FAX
<http://anacondahousing.com/>



APPLICATION FOR PUBLIC HOUSING

Housing Authority of the City of Anaconda (HACA)

Instructions: Please read carefully. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

1. To be qualified for admission to public housing, an applicant must:
 - a. Provide proof of income for all household members (employment form, benefit statement, child support, bank interest, etc.). Income may not exceed the income limits established by HUD. Applicant must notify this office of any income changes immediately.
 - b. Provide Social Security cards AND either 1.) birth certificates, or 2.) drivers licenses, or 3.) state issued IDs, for all household members.
 - c. Meet or exceed the applicant selection criteria.
 - d. Pay any money owed to the HACA or any other housing provider.
 - e. Not have any household members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
 - f. Provide a current address and telephone number on your application and notify this office of any changes in either one.
 - g. Meet the HUD requirements on citizenship or immigration status.
 - h. Provide proof of custody of any children listed on application/lease.
 - i. Be able and willing to comply with the Housing Authority lease.
2. All persons who are age 18 and over and are on your application must have a police background check performed.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact this office at 563-2921.

Hearing or speech disability? Call "711" for the Telecommunications Relay Service.

The Housing Authority of Anaconda is an Equal Housing Provider

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APPLICATION CHECKLIST

Housing Authority of the City of Anaconda (HACA)
Optional Checklist for your own use (no return required)

- Completed application pages** with all signatures, contact information, and *all* questions answered (“N/A” indicated where questions are not applicable)
- Provided proof of income for all household members (employment form, benefit statement, TANF, child support, bank interest, etc.).
- Provided Social Security cards AND either 1.) birth certificates or 2.) drivers licenses, or 3.) state issued IDs, for all household members.
- Completed reference section, including address and phone number of reference
- Provided proof of custody of any children listed on application/lease.
- Provided information on any real property currently owned or recently disposed of
- Provided required animal information and documentation

*NOTE: Each household member must fill out their own separate forms as listed below:

ALL MEMBERS

- Citizenship Form
- Employment Form
- Bank (if separate acct.), TANF/
Unemployment/Child Support

ALL MEMBERS 18+

- Background Check Form
- Debts Owed Form

IF YOU'RE NOT SURE WHAT FORMS APPLY TO YOU, PLEASE CALL!



November 2004

Things You Should Know

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

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

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



HOUSING AUTHORITY OF THE CITY OF ANACONDA

Dear Applicant:

This letter is for the intention of informing you of the requirement necessary to become a tenant of the housing Authority of the City of Anaconda (HACA). By answering the questions requested on the Pre-Application form, we will be able to tell you if you qualify to rent in subsidized housing program, and what your rent will be if you do qualify.

You may qualify if:

1. Your household includes one of the following:
 - a. Two or more persons who have a family-type relationship.
 - b. An elderly person 62 years of age or older.
 - c. A single person who is handicapped or disabled within the meaning of Section 202 of the Housing Act of 1959, or as defined in Section 223 of the Social Security Laws.
 - d. A single person.
2. Your total household income is not over the income limits. Anticipated total income is income from all sources received by the family head and spouse, (even if temporarily absent), and by each additional member of the family, including all net income derived from assets, for the twelve month period following the effective date of the initial determination or reexamination of income.
3. It is our policy to check references prior to determining an applicant's eligibility for our program. You must supply us with two written references, which are required from present and previous landlords. If these references are unavailable, we ask that you supply us with credit or character references. The references cannot be from friends or relatives but could be from employers, business men or women, ministers, priests, teachers or other responsible people.
4. You supply us with written verification of all income and all deductions. Certain forms are available for the completion of the verifications.

You are entitled to certain deductions from income before the 30% is figured. The deductions are as follows depending upon your individual circumstances:

1. Elderly:
 - a. \$400.00 per family per year.
(62 years of age or older/disabled/handicapped)
 - b. Medical expenses in excess of 3% of total income.
2. Families:
 - a. \$480.00 for each dependent who is under 18 years of age, or is handicapped, disabled or a full-time student.
 - b. Child Care expenses for the care of children age 12 and younger, when it is essential to enable a family member to work or further his/her education.
 - c. Allowance for handicapped/disabled family members in excess of 3% of annual income.

You must inform us of these deductions and give us written verification of them.

Since your rent will be based on the income you receive, you must inform us of all income received from work, welfare, compensation such as worker's comp., unemployment, veteran's pension, retirement benefits, annuities, IRA's, rents, interest, educational grants and all other income from all members of the family who are working. All of this must be verified in writing. Income must be annualized to determine rent.

You may also qualify for a flat rent at the time of move in or during tenancy if certain criteria's are met. The AHA will discuss the option with you at move in or at your reexamination.

When you have completed the Pre-Application form, submitted the References, and the Verification of income and deductions, your application will be considered and placed on our waiting list for the required size of apartment necessary for your family. Certain other rules and regulations are required and it is necessary that you understand and consider them before making formal application.

2. Certain animals are allowed with HACA approval. A pet application form must be approved before the animal is permitted into the apartment.
3. Water beds are not allowed.
(Except with doctors recommendation with AHA approval)
3. Must have the ability to uphold the Lease.
4. To refrain from any criminal activity including drug related criminal activity. These activities could be grounds for ineligibility or termination of tenancy.
5. Must give two week notice when vacating or penalty will be given.
6. Size of apartment depends on the size of the family.
7. Must pay the rent at the time of Occupancy and by the 5th of each month thereafter.
8. Must pay a Security Deposit when moving in:
 - 1 - Bedroom Units - \$75.00
 - 2 - Bedroom Units - \$100.00
 - 3 - Bedroom Units - \$125.00
 - 4 - Bedroom Units - \$150.00
9. Must consider the costs of utilities and make every effort to conserve energy—gas and electricity, through the proper use of equipment such as stoves, furnaces, lights, washers, dryers and refrigerators.
10. Abide by all other regulations stated in the Lease.

If you meet all the qualifications, and are willing to abide by all the regulations, the Housing Authority will make every effort to rent an apartment to you when the proper unit becomes available and your name is next on the waiting list.

If you have further questions, please feel free to call them to our attention when you come in.

HOUSING AUTHORITY OF THE CITY OF ANACONDA
10 MAIN STREET, P.O. BOX 1350
ANACONDA, MT 59711
(406) 563-2921

PHA Use Only
 Date Received: _____
 Time Received: _____

HOUSING AUTHORITY OF THE CITY OF ANACONDA

10 Main Street, P.O. Box 1350
 Anaconda, Montana 59711
 (406) 563-2921

Date: _____

Phone Number: _____

Msg. Number: _____

-Please Print Clearly-

 Last Name First Name Middle Alias/Maiden

 Street Address City State Zip

 Mailing Address (if different) City State Zip

Single _____ Married _____ Widow/Widower _____ Separated _____ Divorced _____

How many people, total, are in the Household: _____

Apartment Size Needed _____

Will you need to give notice to a current Landlord? _____

(# of bedrooms)

	Legal Name - Last, First, Middle	Sex M/F	Age	Date of Birth	Relationship to head of household	Social Security Number	Place of Birth	Handi- capped Y/N	Dis- abled Y/N	Pregnant Y/N (proof req.)	Fulltime Student Y/N	Race See Below	Ethnic See Below
1					Head of Household								
2					Spouse or Co-head								
3													
4													
5													
6													
7													
8													

Race: 1=Caucasian/White 2=African American/Black 3=American Indian/Alaska Native 4=Asian 5=Native Hawaiian/Other Pacific Islander
 Ethnicity: 1=Hispanic 2=Non-Hispanic

Do you require any modifications in order to fully utilize the unit or the program and its services? Handicap Accessible Unit? Y/N
 Service Animal? Y/N Wheelchair? Y/N Hearing Impaired? Y/N Vision Impaired? Y/N Other? Y/N
 *If yes to any of the above, please explain so we can better serve you:

Income Information: Please list all sources and amount of current income received by all household members, including minors. (This includes, but not limited to, wages, tips, salary, TANF, VA Benefits, SS, SSI, SSDI, unemployment, pension or retirement, workers' compensation, child support, interest income, income from real estate, settlements and contributions from family members (i.e. regular payments of bills and purchase of products))

Household Name	Member	Income Source	Amount \$	Frequency – Amount per:	Hours per week
				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	

Asset Information: Please list all sources and amount of assets received by all household members, including minors

Household Name	Member	Type of Asset	Cash Value	Interest Rate	Trade in Value	Annual Income

Do you own any real estate? If yes, what is the address? _____

Have you sold any real estate in the past two years? If yes, what was the address? _____

Household Questions:

Do you have any pets? Yes No If yes, list what kind of pet(s), breed, weight by maturity: _____

Do you have shared custody of a child(ren) listed on page (1)? Yes No
If yes, which child(ren)? _____

How many days per year do(es) the child(ren) reside in your home? _____

**Please provide documentation (i.e. - custodial agreement, notarized affidavit, parenting plan, e t c .)

Have you or any other family members ever received Housing Assistance from any Public Housing, Indian Housing, Section 23, Section 8 Housing program or any other subsidized housing? Yes No

If yes, Where? _____

When? _____

Name of Lease holder: _____

Was any money left owing here or at another location? Yes No

If yes, amount owed and location (if different)? _____

Have you or anyone in your household ever been evicted from any Public Housing, Indian Housing, Section 23, Section 8 Housing program or any other subsidized housing? Yes No

If yes, please explain: _____

Do you or any family member listed owe money to any Federal/State Housing Programs? Yes No
If yes, state the name of the Agency and the amount owed. _____

Do you or any family member listed on the application use any drugs considered to be illegal by the Federal or Local Government? Yes No

(Medical Marijuana is considered an illegal drug with the Federal Government)

*Have you or any family members listed on the application ever engaged in drug related criminal activity or violent criminal activity? (Regardless of whether the family members have been arrested or convicted) Yes No

If yes, list specific instance and dates: _____

Is any member of your household required to Register as a Sex and/or Violent Offender? Yes No

Contacts: List Three (3) relatives or close friends to be called in case of emergency:

Relationship	Name	Address	Phone

Authorizations, Representations, and Certifications

I/we understand and agree that I/we are responsible for providing and maintaining current and accurate information to the Housing Authority of the City of Anaconda. I understand and agree that I am required to notify the Housing Authority of any changes in my household's mailing address, family status or income and, if not properly reported, my application may be removed from the waiting list

I certify the above information is full, true and complete to the best of my knowledge, I have no objection to inquiries being made for the purpose of verifying the statements made herein. I understand that any misrepresentation of information or failure to disclose information requested on this application is committing fraud and may be grounds for application withdrawal and /or criminal prosecution.

Warning: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of Agency of the U.S. or the Department of Housing and Urban Development.

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

All applicable forms and information requested must be submitted or your application will be incomplete and will not be processed.



 _____
Signature of Head of Household Date

 _____
Co-head/Spouse Date



NAME: _____ **SIGNATURE:** _____ **DATE:** _____

LANDLORD RESIDENCE HISTORY

It is the policy of the Housing Authority of the City of Anaconda (HACA) to mail reference inquiries to each party you name. Complete addresses are essential. You cannot be determined eligible for housing without acceptable references. **THIS FORM MUST BE FILLED OUT COMPLETELY.**

Please fill in the following information in consecutive order by dates, **starting with the present.** **There should be NO gaps in time.** You had to live somewhere. If you rented under a different name, state what name you were known by at that time.

If you were not renting during some period, indicate in the space where it says landlord's name what the circumstances were: You owned your own home; lived with family; stayed with friends (list them); military service; or whatever applies to that particular time.

1. Dates: From _____ to _____
I lived at: _____
LANDLORDS NAME: _____ PHONE: _____
Landlord Address: _____

2. Dates: From _____ to _____
I lived at: _____
LANDLORDS NAME: _____ PHONE: _____
Landlord Address: _____

3. Dates: From _____ to _____
I lived at: _____
LANDLORDS NAME: _____ PHONE: _____
Landlord Address: _____

4. Dates: From _____ to _____
I lived at: _____
LANDLORDS NAME: _____ PHONE: _____
Landlord Address: _____



NAME: _____ **SIGNATURE:** _____ **DATE:** _____

CHARACTER REFERENCES

It is the policy of the Housing Authority of the City of Anaconda (HACA) to mail reference inquiries to each party you name. Complete addresses are essential. You cannot be determined eligible for housing without acceptable references (two minimum).

You must provide the names and complete addresses of professional and/or personal references. These can include employers, teachers (high school or professional), clergymen, or former neighbors, case workers, doctors, attorneys, lean holders, etc.

REFERENCES CAN **NOT** BE FAMILY MEMBERS, FRIENDS OR FAMILY FRIENDS

Please use the Comments space below for any comments, explanations, or additional information that would help us house you.

1. Dates Known From: _____ To: _____

Name: _____ Phone: _____

Address: _____

Relationship to you: _____

2. Dates Known From: _____ To: _____

Name: _____ Phone: _____

Address: _____

Relationship to you: _____

3. Dates Known From: _____ To: _____

Name: _____ Phone: _____

Address: _____

Relationship to you: _____

COMMENTS

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)	
<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.	

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.

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.

HOUSING AUTHORITY OF THE CITY OF ANACONDA

10 Main Street, P.O. Box 1350

Anaconda, Montana 59711

(406) 563-2921

Authorization for the Release of Information

This release of information form and/or copies of this form, allow the Housing Authority of the City of Anaconda (HACA) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Department of Wage and Labor, along with other groups and individuals, which would permit the HACA and HUD to verify:

- Identity and Marital Status
- Employment, Income and Assets
- Medical
- Child Care Allowances
- Residences and Rental Activity
- Criminal History Records


"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United State Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 my bring civil action for damages, and seek other relief, as may be appropriated, against the office or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of the provisions are cited a violation of 42 U.S.C. 408(f), (g) and (h).

This release authorizes consent to provide the Housing Authority of the City of Anaconda with information about household income as derived from IRS and/or Social Security Administration. This release also authorizes the Housing Authority of the City of Anaconda to provide these agencies with pertinent information upon their request.

The Following groups and individuals who may also be asked to release information include but are not limited to:

- | | | |
|------------------------------|-------------------------------|--------------------------------|
| Previous & Current Landlords | Past & Present Employers | Courts and Post Offices |
| Support or Alimony Providers | Schools and Colleges | Veterans Administration |
| Medical Care Providers | Credit Providers | Law Enforcement Agencies |
| State Unemployment Agencies | Credit Bureaus | Social Security Administration |
| Retirement Systems | Welfare Agencies | Child Care Provider |
| Utility Companies | Legal Offices | Other Public Housing Agencies |
| Worker Compensation Programs | Department of Family Services | |

The Housing Authority of the City of Anaconda must maintain a signed copy of this consent form, as well as a signed HUD-9886 Form in each tenant's file. This form will expire 15 months from the date it is signed by the tenant/applicant. **Failure of any applicant to sign the consent form constitutes grounds for denial of eligibility or termination of assistance or tenancy.**

_____ Signature of Head of Household	_____ Social Security Number	_____ Date	
_____ Signature of Co-head/Spouse	_____ Social Security Number	_____ Date	
_____ Signature of Other Adult Member	_____ Social Security Number	_____ Date	
_____ Signature of Other Adult Member	_____ Social Security Number	_____ Date	

**If other adult members reside in the household, place signature, social security numbers and date on back of form.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101 (a) (15) or 101 (a) (20) of the INA/3; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - Parole status under 212(d)(5) of the INA /6; or
 - Threat to life or freedom under 243(h) of the INA /7; or
 - Amnesty under 245A of the INA 8/.

SIGN HERE

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

¹**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- ² **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and 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 status is required.
- ³ **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen 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 noncitizen 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 resident status.
- ⁴ **Permanent residence under §249 of INA.** A noncitizen 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*].
- ⁵ **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen 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. 1153(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*].
- ⁶ **Parole status under §212(d)(5) of INA.** A noncitizen 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*].
- ⁷ **Threat to life or freedom under §243(h) of INA.** A noncitizen 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*].
- ⁸ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 12555a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

**HOUSING AUTHORITY OF THE CITY OF ANACONDA
PROTECTIVE SERVICES
P.O. BOX 518 - ANACONDA, MT 59711
(406) 563-5241**

**HOUSING AUTHORITY
REQUEST FOR BACKGROUND CHECK**

The Housing Opportunity Act of 1996 (Public Law 104-120) authorizes Public Housing Authorities to conduct background investigations to screen applicants and tenants for HUD Housing.

Date: _____ **To:** _____

Our resident selection policy obliges us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, we wish to avoid admitting any one who is involved in criminal activity which would adversely affect the health, safety and welfare of other residents. To comply with this requirement, we ask your cooperation in supplying information on the criminal records (if any) of the person listed below. Your prompt return of this information will be appreciated. If you have any questions, please call me at (406) 563-5241. Thank you.

Requested By: _____
Kris Vauthier, Protective Services Officer

APPLICANT INFORMATION: (Please Print)

Date: _____

✓ Name: Last _____ First _____ M _____

Aliases/Maiden Names _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

AUTHORIZATION FOR RELEASE OF INFORMATION: I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of Anaconda - Protective Services any information or materials needed to complete and verify my application. I understand and agree that this authorization or the information obtained with its use shall be used in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me may be needed. Verifications and inquiries that may be requested, include but are not limited to: Identity and Marital Status, Credit and Criminal Activity, Residences and Rental Activity. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information include, but are not limited to: Previous landlords, Courts, Law Enforcement Agencies and State Repositories.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority of Anaconda. If I or any member of my family fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both.

APPLICANT'S RELEASE: I hereby authorize the release of the information requested above.

 Applicant's Signature: _____ Date: _____

Law Enforcement Agency Use Only

** Query History (QH) using Purpose Code H under HUD ORI MTD00B69Q

Date of QH Check _____ by CJIN user _____

() Based on the identifiers submitted, there is possibly the existence of a criminal history record in the national database. Please submit fingerprints to Montana DOJ Criminal Records and Identification Section, PO Box 201403, Helena, MT 59620-1403

() Based on the identifiers submitted, there does not appear to exist a criminal history record in the national database.

Attention: Dispatchers – All Housing Authority background checks must be run using the appropriate Housing Authority ORI number, only a III Query History (QH) can be performed, and purpose code "H" must be used. If a possible match on a criminal history records has been found, the Housing Authority must submit fingerprints to access the complete arrest record. DO NOT give any CJIN printouts to Housing Authorities. Please note in the QH reason code: HOUSING APPLICANT – CC: QH NOT PRINTED. After filling out the above information make copy of this form and give to the 911 Supervisor and give this copy back to the Housing Officer



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

HOUSING AUTHORITY OF THE CITY OF ANACONDA
P.O. BOX 1350 - #10 MAIN STREET
ANACONDA, MT 59711 (406) 563-2921
FAX NUMBER (406)563-5309

I hereby request and authorize the Housing Authority of the City of Anaconda and/or any agency created thereby and/or any of its representatives to investigate my financial condition in any way it or they may deem fit, including inquiry of individuals, banks, building and loan associations, corporations, U.S. Postal Savings Department, Department of Public Welfare, any Federal Government Agency, or other agencies and institutions. I request and authorize any and every individual, institution and department to impart unto the said Housing Authority of the City of Anaconda or its representatives, any information it or they may desire.

THIS IS MY AUTHORIZATION TO RELEASE THE ABOVE INFORMATION.

Date: _____

Signed: _____



Social Security Number

Witness:

Housing Authority

CONFIDENTIAL INFORMATION:

Name: _____

Income: TANF: Current Month _____

TANF: Prior Three Months _____

Unemployment _____

Child Support _____

Other _____

I, _____ of _____

hereby certify that our records verify the above information.

Date: _____ Signature: _____

Title: _____

Employment Verification

**HOUSING AUTHORITY OF THE CITY OF ANACONDA
P.O. BOX 1350 - #10 MAIN STREET
ANACONDA, MT 59711 (406) 563-2921
FAX NUMBER (406) 563-5309**

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THIS IS MY AUTHORIZATION TO RELEASE THE ABOVE INFORMATION.

Date: _____

Signed: _____



Social Security Number

Witness:

Housing Authority

Date Employed: _____

Occupation: _____

Basic Rate of Pay Per Hour: \$ _____

Basic/Average Hours Per Week: _____

Tips (estimate per week): _____

Average Overtime Hours Per Week: _____

Effective Date of Pay Increase: _____

Effective Date of Separation from employment: _____

Date: _____

Signature: _____

Title: _____

Telephone: _____

Name of Business: _____

Bank or Property Verification

**HOUSING AUTHORITY OF THE CITY OF ANACONDA
P.O. BOX 1350 - #10 MAIN STREET
ANACONDA, MT 59711 (406) 563-2921
FAX NUMBER (406)563-5309**

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THIS IS MY AUTHORIZATION TO RELEASE THE ABOVE INFORMATION.

Date: _____

Signed: _____



Social Security Number

Witness: _____

Housing Authority

<u>Type of Investment</u>	<u>Amount</u>	<u>Rate of Interest</u>	<u>Estimated Earnings Next 12 Months</u>
<u>Savings:</u>	_____	_____	_____
<u>Checking:</u>	_____	_____	_____
<u>Certificate of Deposit:</u>	_____	_____	_____
<u>Money Market:</u>	_____	_____	_____
<u>Stocks/Bonds:</u>	_____	_____	_____
<u>Other:</u>	_____	_____	_____

<u>Type of Property</u>	<u>Worth</u>	<u>Disposition Sell/Rent</u>	<u>Estimated Earnings Next 12 Months</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: _____

Bank: _____

Signature of Bank Personnel/Assessor

**HOUSING AUTHORITY OF THE CITY OF ANACONDA
STATEMENT OF FINANCIAL CONDITION**

You are required by Housing and Urban Development (HUD) to report **any form of income that is in your household**, including dependents income. Not all income sources will be calculated into your rent, but it is still necessary for us to account for all your income. Please fill out the following form:

<u>SOURCE:</u>	<u>PER MONTH</u>	<u>PER YEAR</u>
EMPLOYMENT	\$ _____	\$ _____
TANF	_____	_____
CHILD SUPPORT	_____	_____
SOCIAL SECURITY - SSI	_____	_____
MEDICARE - MEDICAID	_____	_____
PENSION	_____	_____
VETERANS ADMINISTRATION	_____	_____
RAILROAD RETIREMENT	_____	_____
P.E.R.S	_____	_____
MILITARY PAY	_____	_____
UNEMPLOYMENT	_____	_____
WORKERS' COMPENSATION	_____	_____
FINANCIAL AID - COLLEGE GRANTS ETC.	_____	_____
MEDICAL REIMBURSEMENT	_____	_____
LUMP SUM PAYMENTS	_____	_____
SPORADIC INCOME	_____	_____
EARNED INCOME TAX CREDIT REFUND	_____	_____
RENTAL FROM PROPERTY	_____	_____
ALL INTEREST	_____	_____
OTHER INCOME	_____	_____

****DO YOU HAVE FOOD STAMPS:** yes no **AMOUNT:** _____

AMOUNT OF CHECKING ACCOUNT:

BANKS:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

AMOUNT IN SAVINGS ACCOUNT:

BANKS:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

INVESTMENTS:

CERTIFICATE OF DEPOSIT _____	\$ _____
MONEY MARKET _____	\$ _____
STOCKS _____	\$ _____
BONDS _____	\$ _____
OTHER FORM OF CAPITAL INVESTMENTS _____	\$ _____

PROPERTY:

TYPE: _____
WORTH: _____ SOLD: _____
WHEN: _____ PRICE: _____

HAVE YOU TRANSFERRED PROPERTY, MONEY OR OTHER VALUABLES WITHIN THE PAST TWO YEARS?
TO WHOM: _____ AMOUNT: _____

**I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF MY HOUSEHOLDS
FINANCIAL CONDITION AS OF _____.**

DATE



SIGNATURE OF HEAD OF HOUSHOLD

SPOUSE/OTHER ADULT/CO-HEAD

OTHER ADULT

OTHER ADULT