

Mt. Vernon Housing Authority
1500 Jefferson Drive
Mt. Vernon, IN 47620
Phone: 812-838-6356 Fax: 812-838-6471

Dear Applicants:

Please fill out all forms completely. All household members 18 years of age and older must sign the authorization release of info.

In order for us to accept your application and for you to be placed on our waiting list, you must bring the following items when turning in your application:

- **Birth certificates, Social Security cards, and Drivers License of all household members.**
- **Proof of your current physical address. (Example: Drivers License or piece of mail with your name and address on it.)**
- **Proof of all income. (This includes income from employment, unemployment, Social Security/SSI benefits, TANF, Child Support, etc.)**

Please notify us immediately if there are any changes to your address, phone number, income or family composition.

Part of the selection method is based on preferences. We will need documentation of each preference in order to give you those points that will move you up on the waiting list. Preferences include:

- **Local Preference:** The Mount Vernon Housing Authority has established a residency preference for families who live in the city of Mount Vernon. In order to verify that applicant is a resident, the Section 8 Program will accept the following documents: drivers' license, photo ID cards, utility bills, or a reliable piece of mail.
- **Disabled/Employed/Elderly/Veteran Preference:** A family whose head of household or spouse is employed at least 20 hours a week at Indiana minimum wage or the equivalent for a minimum period of three months prior to the date the applicant claims eligibility for the preference.
- **Violence against Women Act Preference:** The Mount Vernon Housing Authority established a preference for individuals in domestic violent situations with adequate documentation which includes: police reports, neighbor statements, or advocate/therapist statements.
- **Homeless Preference:** The Mount Vernon Housing Authority has established a preference for families that are homeless. The family must provide adequate documentation of a verifiable homeless and must be approved by Section 8 assistant, Section 8 coordinator, and/or Director.

Please be advised the verification process takes time and you will not be placed on our waiting list until the process is complete.

Thank you,

Section 8
MVHA

Program eligibility **WILL NOT** be made at the time of application. A final determination of eligibility will be made when the family is selected from the waiting list. Program admission requirements for the Mount Vernon Housing Authority Section 8 Housing Choice Voucher Program Wait List include, but are not limited to, the following:

1. Total **Gross Household Income** must be at, *or less than*, the Very Low Income (VLI) Limit (50% of Median Income):

Number of Persons in Household & Income Limit							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$24,400	\$29,000	\$32,650	\$36,250	\$39,150	\$42,050	\$44,950	\$47,850

2. All household members must provide Social Security Cards and birth certificates (or equivalent). Household members 18 years of age and older must provide a valid state or federally issued picture identification.

3. Household members cannot have been evicted or terminated from any federal housing assistance program due to a violation of program rules/regulations/policies, or have a history of negative tenancy (damages) in a federally owned or subsidized public housing or project housing community.

4. Household members who are: (a) required to register as a sex offender, and/or (b) have been convicted of methamphetamine production on the premises of a federally assisted house are permanently banned from receiving federal housing assistance.

5. Household members 18 years of age or older must pass criminal background screening. Individual household members with a history of violent criminal activity and drug-related criminal activity may be denied admission to the program if the conviction and/or date of offense are/is less than three years at the time of eligibility determination. Household members who have been convicted of drug-related criminal activity, violent criminal activity, or other criminal activity (other than persons convicted of methamphetamine production and registered sex offenders) will be evaluated on a case-by-case basis to determine if the conviction and/or date of offense is within the criteria for admission to the program.

“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 the housing authority.”

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)

MT. VERNON HOUSING AUTHORITY
1500 JEFFERSON DRIVE
MT. VERNON, IN 47620

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.

PART B: INCOME INFORMATION

This part applies to all family members, including minors

If your family has no income, initial here _____.

- | | | |
|------------------------|-----------------------|--|
| 1. Wages | 7. Military Allotment | 13. Interest Payments |
| 2. SSI | 8. Unemployment | 14. Educational Income |
| 3. Social Security | 9. Child Support | 15. Cash from Friends, Relatives, etc... |
| 4. Veteran's Benefits | 10. Alimony Support | 16. Worker's Compensation |
| 5. Railroad Retirement | 11. Sick Benefits | 17. Other? Please Specify |
| 6. Pension | 12. Strike Benefits | |

Name of Person Receiving Payments	What Type (from above)	Amount of Payments	Per (Hour, Week, Month, Year)
		\$	
		\$	
		\$	
		\$	

PART C: CHILDCARE EXPENSES

1. Does any family member have expenses for child care aged 12 or older? (Yes/No) _____

If yes, provide:

Childs Name	Childcare Provider Name and Address	Provider Telephone Number	Monthly Cost to You for Childcare
			\$
			\$
			\$
			\$

PART D: ELDERLY OR DISABLED EXPENSES

ELDERLY OR DISABLED FAMILIEIS ONLY (Complete questions 1 and 2 only if the head of household or spouse is 62 years of age or older, or if the head of household or spouse is a person with a disability)

- Do you have Medicare? (Yes/No) _____. If yes, what is your monthly premium? \$ _____
- Do you pay for any other kind of medical insurance? (Yes/No) _____. If yes, monthly premium? \$ _____
- Any other out of pocket medical expenses? (Yes/No) _____. If yes, what is the estimated amount for the next 12 months? \$ _____.

PART E: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.

- Have you or any Family member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity that has not been expunged by a court? (Yes/No) _____.
- Have you or any Family member ever been convicted of the manufacture or production of methamphetamine on the premises of Public or Assisted Housing that has been expunged by a court? (Yes/No) _____
- Are you or any Family member subject to lifetime registration as a sex offender in any state? (Yes/No) _____
- Do you consent to a required background check to determine if you are eligible for assistance? (Yes/No) _____

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.

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Mount Vernon Housing Authority on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Mount Vernon Housing Authority within ten (10) days of change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Mount Vernon Housing Authority within ten (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Mount Vernon Housing Authority and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt crime under

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATE CODE, STATE THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____ **Date:** _____

Signature of Spouse: _____ **Date:** _____

DO NOT WRITE IN THIS SPACE – FOR PHA ONLY:

I have reviewed this application in its entirety and verify
by my signature that this application is complete.

Signature of PHA Representative _____

Income Verification Letter

Employer: _____ Employee Name: _____

We are a Public Housing Authority that provides housing and related services to low income families in accordance with the laws of the United States and the rules of the U.S. Department of Housing and Urban Development (HUD). Rent for our units are determined by the amount of income the family receives and we must certify to HUD periodically that our rent calculation is consistent with Federal Law.

To complete our rent certification, we are required to obtain third-party verification of the income reported by all members of our families. You have been identified as a source of income for the recipient listed on the form below. The form contains a release signed by the recipient. Please complete the form and return this information to the address listed at the bottom of the form or fax this information to the office. Thank you for your assistance.

Yours truly,
Suzanna Robison, Section 8 Coordinator

Employee Signature: _____ Date Signed: _____

EMPLOYER: please fill out all information

Position: _____
Date of Employment: _____
Termination Date (if applicable): _____

Base Pay (Select one):

Per Hour: \$ _____ Per Day: \$ _____ Per Week: \$ _____ Per Month: \$ _____

Frequency of pay:

Hourly: _____ Per Week: _____ Per Month: _____

Average number of hours expected to work:

Per Day: _____ Per Week: _____ Per Month: _____

Expected average number of overtime hours to be worked during the next twelve months:

Per Week: _____ Per Month: _____ Overtime Pay Rate Per Hour: _____

Amount of annual income from compensations not included above:

Commissions: \$ _____ Bonus: \$ _____ Tips: \$ _____ Other: \$ _____

Total gross earnings for the past 12 month's: \$ _____ From ____/____/____ to ____/____/____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Supervisor's Signature: _____ Supervisor's E-mail Address: _____

Date Signed: _____ Supervisor's Fax Number: _____

PENALTIES FOR MISUSING THIS CONSENT:

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 the United States Government. HUD and any owner (or any employee of HUD 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 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 may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use.



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