



Iola Housing Authority
Elderly and Family Housing
PUBLIC HOUSING APPLICATION PROCEDURES

All Adult household members must sign the application and authorization forms.

As stated by the Fair Housing Act, qualified individuals/families with disabilities may request Reasonable Accommodations to any rules, policies, practices or services when such accommodation is necessary to assure equal opportunity to the housing program(s) or dwellings.

The Housing Authority of the City of Iola will conduct criminal background checks and sex-offender registration checks on all adult household members.

Iola Housing Authority has adopted the following preferences: homeless families, victims of domestic violence, working families, elderly or disabled and those displaced by a federally declared disaster.

Effective 01/01/2018 the Iola Housing Authority has adopted a Smoke-Free Policy to prohibit smoking in all buildings and outside areas of property managed by the IHA.

Required Documents

- **Picture ID** for all adults
- **Social Security Cards** for all members of the family
- **Birth Certificates** for all members of the family
- **Proof of custody** of children if applicant is not parent or custody is shared
- **Income Verification from ALL** sources of income
- **Addresses where** you have lived, along with name, address, and phone numbers of your landlords for the last five (5) years.]
- **Five references** with complete name and address. Not family.
- **For Elderly, Handicapped or Disabled:** Verification of medical expenses (*i.e. health insurance premiums, pharmacies, any out of pocket medical expenses*).

217 North Washington
 Iola, KS 66749
 (620) 365-5143 FAX: (620) 365-2406
 TDD 1-800-766-3777
 townhousewest@haiola.kscox.mail.com

Housing Authority of the City of Iola

Elderly and Family Housing Application
 Equal Housing Opportunity

Application Received:
 Time: _____ TENANT# _____

Head of Household Name: _____
 Current Address: _____

Co-applicant: _____
 Current Address: _____

Telephone: _____ (home) _____ (work) _____ (cell phone)

Message Number: _____ email _____

WHERE DID YOU HEAR ABOUT OUR HOUSING: _____

Effective 1/01/2018 the Iola Housing Authority has adopted a Smoke-Free Policy to prohibit smoking in all buildings and outside areas of property managed by the IHA.

Your preference for placement is: Townhouse _____ Townhouse East _____ Duplex _____ Bedroom (1-4) _____
(Townhouse East is designated housing for the elderly, disabled, or handicapped resident. Townhouse and Duplex homes are assigned with consideration given to family size.)

FAMILY COMPOSITION

	<i>Name(s) & Social Security Number</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>City and State Of Birth</i>	<i>Sex</i>	<i>Age</i>	<i>Office Use</i>
1.		<i>HEAD</i>					<i>B/C D/L SS</i>
2.							<i>B/C D/L SS</i>
3.							<i>B/C D/L SS</i>
4.							<i>B/C D/L SS</i>
5.							<i>B/C D/L SS</i>
6.							<i>B/C D/L SS</i>

PLEASE PROVIDE COPIES OF ALL BIRTH CERTIFICATES, DRIVER'S LICENSES, AND SOCIAL SECURITY CARDS FOR MEMBERS LISTED ABOVE.

NOTICE: You are required to notify the HA (in writing) of any change of address or household composition. If we cannot contact you at the above address, your name may be removed from the waiting list, and you will have to re-apply.

Do you anticipate any changes in the number of persons in your household? _____

Explain: _____

Do you have full custody of your children? _____ If not, explain. _____

PLEASE PROVIDE COPIES OF ALL DIVORCE/SEPARATION DECREES.



Are there particular housing needs required? i.e., handicap accessibility, strobe alarms for hearing impaired etc.

The head of household or spouse will qualify for a \$400.00 deduction from the annual household income if they are over 62 years old. **This deduction is also available to individuals under 62 who meet the HUD definition of disabled or handicapped.** Do you wish to claim this exemption? YES or NO (**circle one**). If so, you will be instructed on the certification needed to document compliance within the required definition.

Have you or any member of your household **ever** lived in **any** housing authority?

Yes _____ No _____



Have you or any member of your household **ever** received any Section 8 assistance?

Yes _____ No _____

If yes, provide address of housing authority or landlord _____

Provide address of the home you lived in _____

Why did you leave? _____ Was your account paid in full? _____

If not, explain: _____

Have you **ever** applied at this housing agency? _____ When: _____

How many people currently reside with you? _____ If different than the number on this application, explain:

Why are you moving from your current residence? _____

If you are being evicted, why? _____

When must you vacate the home? _____

Have you **ever** been evicted in the past? _____ From where? _____ Why? _____

Criminal History:

Have you or any member of your household **ever** been arrested?

Yes _____ No _____ Year of Arrest: _____ Arrested for: _____

Do you have a pet or plan on getting one? _____ Describe the type and size of your pet: _____

INCOME AND ASSET INFORMATION:

IT WILL BE NECESSARY TO PROVIDE THIS OFFICE WITH DOCUMENTATION OF THE INCOME OF ALL HOUSEHOLD MEMBERS. PLEASE LIST INFORMATION FOR EACH MEMBER AS APPLICABLE:

EMPLOYMENT INFORMATION

Name: _____

Name: _____

Present Employer: _____

Previous Employer: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

\$ _____/hr. for _____ hr/wk

\$ _____/hr. for _____ hr/wk

How often do you work overtime?

How often did you work overtime?

At what rate is overtime paid? _____/hr.

At what rate is overtime paid? _____/hr.

Do you have any scheduled time off w/o pay? _____

Did you have any scheduled time off w/o pay? _____

First day of employment _____ Last Day _____

First day employment _____ Last Day _____

Do you receive tips? _____ How much/wk? _____

Did you receive tips? _____ How much/wk? _____

Are you paid in cash _____ or check _____

Are you paid in cash _____ or check _____

Are you self-employed or do odd jobs? _____ Explain: _____

What is your average **annual** income from these sources? _____

Are you currently employed through job placement of the Department of Social Services, Green Thumb, RSVP, other such organizations? _____ How many hours a week? _____ Where? _____

SRS

Are you or any household member receiving cash assistance? _____ \$ _____

Is this a reduced amount? _____ Explain: _____

Food stamps: \$ _____ LIEAP: \$ _____

Child Support:

Court Order #: _____ State _____

Court Order #: _____ State _____

Child's name _____

Child's name _____

Father's name _____

Father's name _____

Amount: \$ _____ weekly/biweekly/monthly (circle one)

Amount: \$ _____ weekly/biweekly/monthly (circle one)

PROVIDE WRITTEN STATEMENT EXPLAINING WHY NO CHILD SUPPORT IS AVAILABLE TO YOU OR WRITTEN DOCUMENTATION OF AMOUNTS OF CHILD SUPPORT YOU DO RECEIVE.

Social Security: (received by any member of the household)

SSI/SSDI \$ _____

Name of recipient: _____

SS \$ _____

Name of recipient: _____

SSI/SSDI \$ _____

Name of recipient: _____

SS \$ _____

Name of recipient: _____

Pensions, Annuities, and Retirements:

Amount: \$ _____ Health Insurance Premium \$ _____

Name and Address of Company: _____

Name: _____ Monthly Benefit: _____ Health Insurance Premium? _____

Name and Address of Company: _____

PROVIDE DOCUMENTATION OF AMOUNTS RECEIVED FROM THESE SOURCES .

School Loans or Grants:

Amount: \$ _____

Received from: Name _____

Address _____

City, State, Zip _____

Unemployment benefits:

Amount: \$ _____ per week From what state: _____

YOU MUST PROVIDE DOCUMENTATION OF YOUR FULL BENEFIT AMOUNT AND REMAINING BENEFIT AVAILABLE TO DATE.

Other:

Include all monies obtained by **any** member of the family from **any source not listed above.**

Amount: \$ _____ weekly/monthly (circle one)

Received for: Name: _____

Received from: Name: _____

Address: _____

City, State, Zip _____

ALLOWABLE EXPENSES:

Do you have expenses for child care of a child aged 12 or younger? _____ If yes provide details below.

Child Care:

Child's name	Total amount	Provider's Name and Address	You Pay	SRS Pays	Absent Parent Pays
	\$		\$	\$	

DO YOU PAY A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR ANY HOUSEHOLD MEMBER(S) WITH DISABILITIES NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE HOUSEHOLD TO WORK? _____ IF YES PROVIDE DETAILS BELOW.

Disability Assistance:

Name	Total Paid	Care Attendant's Name and Address	You Pay	Paid by Insurance, others
	\$		\$	\$

Elderly/Disabled Families Only:

1. Do you have medicare? _____ What is your monthly premium? _____ How much is your deductible? _____
2. Do you have any other kind of medical insurance? _____ Is there a deductible? _____ If yes provide name of carrier, premium amount, and agent's name below.

YOU MAY PROVIDE A COPY OF YOUR PREMIUM NOTICE OR BANK STATEMENT SHOWING AUTOMATIC PAYMENT AS VERIFICATION OF THIS MEDICAL EXPENSE. PLEASE PROVIDE THIS OFFICE AN ITEMIZED COMPUTER PRINTOUT OR LISTING OF MEDICAL AND OTHER HEALTH RELATED EXPENSES.

ASSETS: Please list all bank accounts, checking, savings, certificates of deposit, stocks, bonds, or property owned:

Member	Bank Name and address	Value	Type of account	Earning/Interest
	_____	\$		
	_____	\$		
	_____	\$		

CONTINUE LIST ON BACK IF NECESSARY. PLEASE SIGN APPROPRIATE NUMBER OF AUTHORIZATION FORMS FOR THESE INCOME VERIFICATIONS WHEN YOU SUBMIT THIS APPLICATION.

Do you own any property (such as a home, land, or valuables) _____

WE WILL NEED A COPY OF YOUR REAL ESTATE TAX FORM OR APPRAISAL OF ANY PROPERTY.

Income from contract sales \$ _____ rent of homes \$ _____ land \$ _____ crops \$ _____

WE MUST HAVE COPIES OF ANY CONTRACTS FOR PROPERTY SOLD IN THE PAST TWO YEARS.

RESIDENTIAL HISTORY: Provide place of residence, landlord with address and phone number for the past FIVE years. Even if you have lived with family or friends. Please print clearly. Begin with current landlord and date back five (5) years.

Names on Lease: _____
Present Address: _____

Landlord's Name: _____
Address: _____

Telephone: _____
Relationship to you: _____
When did you live there? _____ to _____
Why did you leave? _____
Rent amount? _____ Utilities Included? _____
If not, give name and address of utility company:

Names on Lease: _____
Previous Address: _____

Landlord's Name: _____
Address: _____

Telephone: _____
Relationship to you: _____
What dates did you live there? _____ to _____
Why did you leave? _____
Rent amount? _____ Utilities Included? _____
If not, give name and address of utility company:

Names on Lease: _____
Previous Address: _____

Landlord's Name: _____
Address: _____

Telephone: _____
Relationship to you: _____
What dates did you live there? _____ to _____
Why did you leave? _____
Rent amount? _____ Utilities Included? _____
If not, give name and address of utility company:

Name on Lease: _____
Previous Address: _____

Landlord's Name: _____
Address: _____

Telephone: _____
Relationship to you: _____
What dates did you live there? _____ to _____
Why did you leave? _____
Rent amount? _____ Utilities Included? _____
If not, give name and address of utility company:

LIST ADDITIONAL ADDRESSES ON BACK IF NECESSARY.

Provide at least five (5) references we may contact on your behalf. It is preferable these NOT BE RELATIVES. Any company with whom you have or have had an account in good standing, business associates; school personnel, church, neighbors, etc. are acceptable. WE MUST HAVE THREE RESPONSES TO OUR REFERENCE CHECKS to process this application. Please print clearly.

	Name	Complete Address	Phone number	Relationship to you
1.				
2.				
3.				
4.				
5.				

Do you have a Guardian _____?

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

Do you have a Payee _____?

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

Should paperwork be sent to you or your guardian, payee or both? _____ Send paperwork to me

_____ Send paperwork to guardian

_____ Send paperwork to payee

_____ Send paperwork to both

PLEASE PROVIDE COPIES OF GUARDIANSHIP OR PAYEE DOCUMENTS.

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING APPLICANT CERTIFICATION:

I/We understand that this application is not a contract and does not bind either party. I/We certify that the information given to the Housing Authority of the City of Iola on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and/or State law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

Signature of Other Family Member over age 18

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-424-8590.

After verification by the Housing Authority of the City of Iola, applicable information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated, facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

FOR OFFICE USE ONLY:

- Disposal of Assets Certification
- HUD 9886 "Authorization and Consent for the Release of Information"
- Authorization for Release of Information, concerning criminal history
- Authorization to Release Information, by the housing authority
- Declaration of Section 214 Status (Citizenship)

INTERVIEWED BY: _____ DATE: _____

AUTHORIZATION TO RELEASE INFORMATION

Name _____

Social Security Number _____

The Housing Authority of the City of Iola (IHA), the U.S. Department of Housing and Urban Development (“HUD”), and their agents may use information, data, documents, and other materials (“Information”) obtained with this Authorization to determine initial and continuing eligibility for its programs, administer and enforce program rules and policies, analyze utility consumption data, and comply with HUD and other laws, rules and regulations. **Failure to sign this Authorization may result in the denial or termination of housing assistance.**

Information That May Be Requested, includes, but are not limited to:

- Credit History and Criminal History
- Employment, Income, Pensions, and Assets
- Family Composition
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Residences and Rental History
- Social Security Numbers
- Unemployment Compensation
- Utility Account and Payment History
- Utility Consumption Data and Utility Bills

- Landlords
- Law Enforcement Agencies
- Schools and Colleges
- State Employment Security Agencies
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies
- Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, or Pensions/Annuities

Computer Matching Authorization:

IHA and HUD may conduct computer matching with other governmental agencies including the following Federal, State, Tribal or local agencies:

- U.S. Office of Personnel Management
 - U.S. Social Security Administration
 - U.S. Department of Defense
 - U.S. Postal Service
 - State Employment Security Agencies
 - State Welfare and Food Stamp Agencies
- Matching may be used to verify information supplied by the family.

Those That May Release Information Include:

Any individual, government agency, or other organization, including the following, is hereby authorized to release information to IHA while this Authorization remains in effect:

- Banks and Other Financial Institutions
- Courts
- Credit Bureaus
- Employers (Past and Present)

I authorize the release of any Information as described above, about me and my family, at all times while this Authorization remains in effect to IHA, HUD, and/or their agents (including documentation and other materials). I agree that photocopies of this Authorization may be used for the purposes stated above. I understand that information obtained by means of this Authorization will be used exclusively for the purposes stated above, and that the information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by law. This Authorization will expire 36 months after the date below.

Signature _____

Date _____

Head of Household

Authorization for the Release of Information Privacy Act Notice

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

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

PHA requesting release of Information; **(cross out space if none)**
(Full address, name of contact person and date)

Housing Authority of the City of Iola
217 N. Washington
Iola, KS 66749

IHA requesting release of Information; **(cross out space if none)**
(Full address, name of contact person and date)

XX XX
XX XX
XX XX
XX XX
XX XX
XX XX

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 the 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 Certification
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 wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

--	--

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.

217 N. Washington
Iola, Kansas 66749
(620) 365-5143



Housing Authority of the City of Iola

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize The Iola Police Department to furnish the Housing Authority of the City of Iola with criminal history information as described in The Housing Opportunity Extension Act of 1996, Public Law 104-120.

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

FULL NAME: _____
LAST FIRST MIDDLE

ANY OTHER NAMES EVER USED (INCLUDING MAIDEN NAME) :

LAST FIRST MIDDLE

LAST FIRST MIDDLE

LAST FIRST MIDDLE

CURRENT ADDRESS: _____
STREET/BOX/APT.#

CITY STATE ZIP CODE

DATE OF BIRTH: _____

RACE: _____ SEX: _____

DATE

SIGNATURE

*Equal Housing
Opportunity*

. FAX (620) 365-2406. . . TDD 1-800-766-3777

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 U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority of the City of Iola. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

- I am a citizen by birth, a naturalized citizen or a nation of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; 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 Immigration and Nationality Act (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 §242(h) of the INA 7/; or
 - Amnesty under §245A of the INA 8/.

(Signature)

(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

Social Security # _____

Application # _____

Alien Registration # _____

Birth Date _____

Enter INS/SAVE Primary Verification#: _____ Date: _____

(See reverse side for footnotes and instructions)

1/Warning: 19 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 non-citizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older. For non-citizens 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 non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [Immigrant Status]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.**
- 4/ Permanent residence under §249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].**
- 5/ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 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 non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergency 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 non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [threat to life or freedom].**
- 8/ Amnesty under §245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1225a) [amnesty granted under INA 245A].**

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens 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 or in the appropriate boxes. Sign and date at bottom of page. Place an or in the box below the signature: the signature is by the adult residing in the unit who is responsible for child.