



Gaylord Tower  
707 Market Street  
Steubenville, OH 43952

Dear Applicant:

To be eligible for Gaylord Tower, you **MUST be 62 or older and/or disabled**. The following information **MUST** be turned in with your application when applying:

**Valid Photo ID**

**Social Security Card**

**Birth Certificate**

You will also need to bring the following documentation when you come in for your one-on-one appointment:

Verification of all income for all household member

Verification of assets (checking account and savings statements)

For applicants 62 or older and/or disabled applicants, you will need verification of any medical expenses paid out of pocket, including prescriptions, vision, dental and health insurance.

ALL applicants are placed on the waiting list and you will be notified via mail, when your name reaches the top of the list. **PLEASE DO NOT CALL THE OFFICE TO CHECK YOUR PLACE ON THE WAITING LIST, I CANNOT TELL YOU WHERE YOU ARE ON THE LIST.**

If your phone number or address changes, it is your responsibility to update that information with the office in **WRITING**,

Thank you,  
Gaylord Tower Management

**Jefferson Metropolitan Housing Authority**  
**GAYLORD TOWER APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY**  
 707 Market Street, Steubenville, OH 43952  
 Phone: 740-283-7970 Fax: 740-283-8911

Office Use Only:			
EL Income _____	Very Low Income _____	Low Income _____	
Date Received: _____	Time Received: _____	Application #: _____	

PLEASE PRINT - USE INK

**1. APPLICANT(S):**

**Head of Household:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Mailing Address: Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**Spouse/Co-Head:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Mailing Address:

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**2. Household Composition and Characteristics**

(List the head of the household and all other members who will be living in the assisted unit give the relationship of each family member to the head).

Member's Full Name	Relationship-Circle	Birth Date	Sex- Male/Female/Other	Social Security Number
	Head			
	Spouse/Co-Head/Youth			

If a Live-In Attendant is needed: Name of Attendant: \_\_\_\_\_

Name/Address of a Doctor who can verify this need: \_\_\_\_\_

3. **CURRENT HOUSING STATUS** (Where you are living NOW)  
Please list all addresses where you have lived in the past FIVE years:  
(Use additional sheet if necessary).

Street Address \_\_\_\_\_ Apt: # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates lived at the above address: \_\_\_\_\_ to \_\_\_\_\_ Rental: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, complete:  
Landlord/Manager Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ Apt: # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates lived at the above address: \_\_\_\_\_ to \_\_\_\_\_ Rental: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, complete:  
Landlord/Manager Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

List all the states where you lived: \_\_\_\_\_

4. **Employment:**

Are you/household members currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give the name and address of your employer(s):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**5. Income:**

Do you or any members of your household receive any of the following types of income on a regular basis? **\*DO NOT JUST CHECK YES, ENTER THE AMOUNT YOU ARE RECEIVING\***

Please Select an Answer	Source	Monthly Amount	Documents Needed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries		Pay stub/letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/SSI/SSDI		Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions/Railroad/OPERS/ Etc.		Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities		Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance/Workers Comp		Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments		Bank Statement; 1099 Forms
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends		Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income		Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment		Tax Documents/Notarized Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (eg: rental property/monthly contributions, etc.		Tax Documents/Notarized Statement

Do you or any members of your family have any regular sources of income not listed above? ☐ Yes ☐ No  
If yes, Please describe: \_\_\_\_\_



## 6. Assets

Do you or any members of your family have any of the following assets?

Please Select an Answer	Asset	Current Value	Documents to Attach
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (In excess of \$1,000)	\$	Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)	\$	Copy of Recent Statements- (6 months worth)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)	\$	Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds	\$	Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit (CD's)	\$	Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment	\$	Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRAs, or Pension Accounts	\$	Most Recent Statement(s)

7. Do you or any members of your household own a home, commercial property, or other real estate?

☐ Yes ☐ No

If yes, please list:

Address: \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_

8. Do you or any members of your household have any life insurance policies with permanent cash value? (May be called "Whole Life," "Universal" or "Paid Up" coverage).  
If yes please list policies below:

Name of Company	Policy Number	Face Value	Current Cash Value
		\$	\$
		\$	\$
		\$	\$

9. Medical/Medical Expenses (only for elderly or disabled applicants)

Do you have Medicare? ☐ Yes ☐ No

Do you have other medical insurance? ☐ Yes ☐ No

If yes, give the name of the insurance company and your policy number:

Are your medical bills paid by insurance? \_\_\_\_\_

Are you receiving medical assistance through Welfare or Jobs and Family Services? ☐ Yes ☐ No

If you pay any portions of your medical and/or drug costs, please furnish us with an anticipated cost for The upcoming twelve (12) month period.

10. Do you have any dependents that live with you?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

11. Have you or any members of your household disposed of assets for less than fair market value during the past two years? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Please describe: \_\_\_\_\_

12. List names, addresses and phone numbers of two relatives or friends who generally know how to contact you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

13. How did you hear about Gaylord Tower?

- \_\_\_\_\_ Current resident or resident family member  
\_\_\_\_\_ Friend  
\_\_\_\_\_ Employee  
\_\_\_\_\_ Religious Organization  
\_\_\_\_\_ Information provided by a government agency  
\_\_\_\_\_ Advertisement ( Where)? \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

14. Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past five (5) years? This also includes harassment, sexual assault, drug abuse and other crimes.  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

15. Are you or any member of your household subject to a state lifetime sex offender registration program? (Failure to respond to the question may jeopardize the approval of the application).  
\_\_\_\_\_ Yes \_\_\_\_\_ No

16. Are you or a member of your household a current drug user?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

17. Have you or a member of your household been evicted from Federally assisted housing within the past three (3) years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

18. Do you have a pattern of alcohol abuse that could interfere with another's health, safety and/or right to a peaceful enjoyment of the premises? \_\_\_\_\_ Yes \_\_\_\_\_ No

**19. Optional Information**

Do you plan to use a service or assistance animal in this facility?

Yes No

If yes, please list the organization that trained and placed the animal:

Do you plan to bring a pet onto the premises or do you currently own a pet? If so, what type?

**20. Are you enrolled as a student in an institute of higher education?**

Yes No

**21. Applicant(s) Certification**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background checks and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Gaylord Tower in writing every six (6) months should we decide to remain on the waiting list. I/we understand that failure to complete this application in its entirety may result in the rejection of this application.

Signature of Head of Household: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_

Signature of Gaylord Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Gaylord Tower does not discriminate in any fashion based upon a persons race, color, sex, creed, notional origin, handicap status, religion, familial status, source of income, sexual preference, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Gaylord Tower does not discriminate based upon age for any reason, excluding HUD program/project requirements.

I do hereby certify that I have reviewed all answers and certification with applicant prior to signatures:

Property Manager Initials: \_\_\_\_\_

Date entered on computer: \_\_\_\_\_

Date: \_\_\_\_\_

Criminal History Sent: \_\_\_\_\_

Landlord History Checked: \_\_\_\_\_

Penalties for misusing the consent: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US 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. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 408(a)(6) (7) and (8).



**Jefferson Metropolitan Housing Authority**  
153 North Fifth Street, Steubenville, OH 43952  
Phone: (740) 282 0994 – Fax (740) 314 5002

### REQUEST FOR REASONABLE ACCOMMODATION

Persons with disabilities may request a reasonable accommodation in order to fully utilize this housing program and any related services. Gaylord Towers will make all reasonable efforts to be flexible in assisting person(s) with disabilities to participate in the program successfully. Request for accommodations will be verified to ensure that the accommodation is reasonable. Examples of reasonable accommodations are as follows:

- Home visits if your disability prevents you from coming to the Gaylord Tower office.
- TTD or TDY devices
- Accessible format for Gaylord correspondence
- The use of an advocate or interpreter
- If the family includes a person with a disability, the family may request a current listing of accessible units that may be available

I understand I have a right to request reasonable accommodation for disabilities to participate in Gaylord Tower program.

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to schedule a meeting to review my request for reasonable accommodation

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Accommodation request granted? ☐ Yes ☐ No \_\_\_\_\_

Gaylord Manger \_\_\_\_\_ Date: \_\_\_\_\_

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# Jefferson Metropolitan Housing Authority

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Gaylord Tower - 707 Market Street, Steubenville, Ohio 43952 740.283.7970 Fax 740.283.8911

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicant/Participant **SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING** This form is to be provided to each applicant/participant 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.

<b>Applicant/Participant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant/Participant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 23, 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.	
<input checked="" type="checkbox"/> X	

<b>Required Signature of Applicant/Participant</b>	<b>Date</b>
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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.



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Authorization for Release of Information  
Records of Arrests and Prosecutions

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female

Race: Black White Asian Native American Island Pacific  
Other: \_\_\_\_\_

States that you have resided in for the last ten (10) years  
: \_\_\_\_\_

*This person has applied for housing assistance under a program of the U. S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing this information and returning it to the person listed at the top of this page. Your prompt return of this information will assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.*

**Applicant/Tenant Statement of Release:**

I understand that my eligibility for housing assistance may be affected by the nature and extent of any criminal history that I may have. I have disclosed my criminal history (if any) on my application for housing assistance, and hereby authorize Jefferson Metropolitan Housing Authority to request verification from local, State or Federal law enforcement agencies and court records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Result of Search:

\_\_\_\_\_ No record has been found

\_\_\_\_\_ Copy of record is attached

\_\_\_\_\_  
\_\_\_\_\_

Signature of Police/Court/or Authorized Official and Title

Date

- \* Have you offered a unit? ( ) Yes ( ) No    \* Current Address correct? ( ) Yes ( ) No  
\* Landlord Rental History completed? ( ) Yes ( ) No  
\* All is correct on PHA-Web waiting list? ( ) Yes ( ) No (BC, SS & Photo ID)

AMP Manager requesting background check \_\_\_\_\_

Date \_\_\_\_\_

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**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)**Gaylord Towers OH160013026 707 Market Street**

Name of Property

Project No.

Address of Property

Jefferson Metropolitan Housing Authority

Section 8 50059

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

\*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.





## Jefferson Metropolitan Housing Authority

153 North Fifth Street, Steubenville, OH 43952

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### AUTHORIZATION FOR RELEASE OF INFORMATION

#### CONSENT

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to the Jefferson Metropolitan Housing Authority (JMHA) any information or material needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8 Rental Rehabilitation, Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD and/or the JMHA to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information from my file about payment history and any violations of my lease or JMHA policies

#### Information covered

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include, but are not limited to: identity and marital status, employment, income and assets, residences and rental activity, medical, or childcare allowances, and credit and criminal 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 (depending on program requirements) include, but aren't limited to: previous landlords (including public housing authorities), courts and post office, schools, and colleges, support and alimony providers, past and present employers, welfare agencies, Social Security Administration, medical and childcare providers, Veteran's Administration, retirement systems, banks and other financial institutions, credit bureaus, and utility companies.

#### Computer matching notice and consent

I understand that HUD or the JMHA may conduct computer-matching programs to verify the information supplied for my application or re-certification. If computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or JMHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: state employment agencies, Department of Defense, office of personal management, the U.S. Postal service, the Social Security Administration, and state welfare and food stamp agencies.

#### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with JMHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

#### SIGNATURES REQUIRED BY ALL ADULT HOUSEHOLD MEMBERS(S)

X \_\_\_\_\_ DATE \_\_\_\_\_  
Head of Household PRINT Name

X \_\_\_\_\_ DATE \_\_\_\_\_  
Adult Household Member PRINT Name

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