



**Jonesboro Housing Authority**

*Helping today for a better tomorrow*

**Jonesboro Housing Authority**  
**Housing Choice Voucher Program**  
P.O. Box 458, Jonesboro, GA 30237  
Phone 770-478-7282 TDD 770-478-4805

## INITIAL CERTIFICATION APPLICATION

### CONTACT INFORMATION

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First M.I.

**Mailing Address:** \_\_\_\_\_  
Street Address Apartment/Unit # City State Zip Code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Housing Authority Porting From:** \_\_\_\_\_ **JHA WAITING LIST** \_\_\_\_\_ **FUP** \_\_\_\_\_

### HOUSEHOLD INFORMATION

List all persons who will live or lived with you in your assisted housing unit. If more than six household members, please list all on a separate sheet. \*Applicants are not required to disclose being disabled. However, deductions to the family income for which persons with disabilities are entitled cannot be provided unless the applicant discloses being disabled.

First MI Last			Current Status/Action Requested			Last 4 Digits of Social Security Number	Relationship to Head of Household	Sex	Date of Birth	Check All That Apply			
			Add	Remove	Resides In Home					Disabled Yes/No	Employed Yes/No	Full Time Student Yes/No	U.S. Citizen
							HEAD						

- Please circle marital status (Provide Documentation): Single Married Separated Divorced Widowed
- Is any household member in the armed services? \_\_\_\_\_ NO \_\_\_\_\_ YES If yes, who? \_\_\_\_\_
- Do you expect a change in your family size? \_\_\_\_\_ NO \_\_\_\_\_ YES. If yes, when: \_\_\_\_\_ Type of Change: \_\_\_\_\_
- Has any person listed on this application ever been evicted from federally assisted housing? \_\_\_\_\_ NO \_\_\_\_\_ YES. If yes, who? \_\_\_\_\_
- Has any person listed on this application been convicted of criminal or drug related activities? \_\_\_\_\_ NO \_\_\_\_\_ Yes. If yes, who? \_\_\_\_\_

6. Has any person listed on this application subject to a lifetime sex offender registration? \_\_\_\_\_ NO \_\_\_\_\_ Yes. If you, who? \_\_\_\_\_
7. Please circle your race: Black White American Indian/Alaskan Native Asian/Pacific Islander 8. Please circle your ethnicity: Hispanic Non-Hispanic

### INCOME AND ASSETS

**Please list all income, benefits or assets received by ALL members who will be living with you in your assisted housing unit. This includes persons not related to you.**

INCOME/BENEFITS	Indicate the amount of income Household member(s) is receiving	Indicate frequency of pay, weekly, bi-weekly, monthly, semi-monthly or annually	Name of Household member(s) who received this income
<b>Employment</b> (attach Pay stubs, Letter from employer on company letterhead, or Letter of Separation)			
<b>Social Security</b> (attach Benefit Award Letter)			
<b>SSI</b> (attach Benefit Award Letter)			
<b>Disability/Workman's Compensation</b> (attach Letter)			
<b>Veterans Benefits/Retirement Pension</b> (attach Letter)			
<b>TANF</b> (attach current Benefits letter or Printout)			
<b>Food Stamps</b> (attach current Benefits Letter)			
<b>Unemployment Benefits</b> (attach Benefits Letter Approving or Stopping Benefits)			
<b>Child Support Recovery</b> (6 Month printout)			
<b>Child Support Contributions</b> (Notarized letter from contributor)			
<b>Self- Employment</b> (Most recent filed IRS tax return, Statement of income and expenses)			
<b>Regular Contributions/Gifts</b> (attach notarized statement)			
<b>Income from Rental Property</b> (attach statement of earnings)			
<b>Other</b> (Please Specify and attach documentation)			
BANK STATEMENTS AND OTHER ASSETS	Number of Accounts	Name of Bank Intuition	Name of Household Members who have Assets
<b>Checking Accounts/CDs</b>			
<b>Savings Account/CDs</b>			
<b>Stock/Bond/IRA</b>			

## EXPENSES

Please list the expenses the family anticipates paying during the next 12 months. Medical expense will be included only if the Head of Household or spouse is disabled or is 62 years of age or older.

EXPENSES	Indicate the amount of payment paid out	Indicate frequency of payments made, weekly, bi-weekly, monthly or annually	Name of Household member(s) that paid expenses
<b>Child Care Costs</b> (Only if member(s) are working or furthering education) (attach notarized letter, CAPS, or provider letterhead )			
<b>Prescriptions</b> (attach receipts or pharmacy ledger)			
<b>Attendant Care/Auxiliary Apparatus</b> (attach proof)			
<b>Medical Insurance Premiums</b> (attach proof)			
<b>Doctors' Visits</b> (attach receipts)			
<b>Other Unreimbursed medical Cost</b> (attach proof)			

## PARTICIPANT CERTIFICATION

All household members age 18 and over MUST be present for reexaminations and should review the information reported on this form and sign below. All information provided on the form is subject to verification by the Jonesboro Housing Authority.

I do hereby swear and attest that all the information provide on the application is true and correct to the best of my knowledge and that income for all household members has been reported. I understand that charges in income, assets and family composition must be reported to the Jonesboro Housing Authority **WITHIN TEN (10) BUSINESS DAYS.**

I further understand that false statements or information provided by me are punishable under federal and state law and constitute grounds for termination of my housing assistance.

\_\_\_\_\_  
Signature of Head of Household                      Date

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

\_\_\_\_\_  
Signature of Other Adult                      Date

\_\_\_\_\_  
Signature of Other Adult                      Date

\_\_\_\_\_  
Signature of Interviewer/Housing Specialist                      Date

\_\_\_\_\_  
Signature of Other Adult                      Date

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

Rev. 05/15





**JONESBORO HOUSING AUTHORITY**  
*helping today for a better tomorrow*

***Housing Authority of the City of Jonesboro Georgia  
P.O. Box 458  
Jonesboro, Georgia 30237***



**(770) 478-7282 ♦ Fax (770) 478-2528 ♦ TTY (770) 478-4805**

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## **Welcome to The Housing Choice Voucher Program**

I, \_\_\_\_\_, watched the online Nan McKay video,  
“Welcome to the Housing Choice Voucher Program.”

\_\_\_\_\_  
**Tenant Signature**

\_\_\_\_\_  
**Date**



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**TENANTS  
THINGS YOU SHOULD KNOW**

- 1. Zero income will not be accepted unless you just lost your job or your unemployment has stopped. If someone is helping you with your bills, you will need to bring in a notarized statement with the amount that you are being assisted.**
- 2. All full-time students need to provide a class schedule. Full-time is 12 or more credit hours per semester. If you have students out of town, please bring them in on Christmas break to sign paperwork and please inform your caseworker of this.**
- 3. All income must be reported within 10 days of receiving. You can come into the office Monday, Tuesday or Thursday to make changes at the front desk. You can only see your caseworker on walk-in Wednesday, unless you have an appointment. The office is open from 7:00 a.m. to 12:00 p.m. and 1:30 p.m. to 4:00 p.m. We are closed to the public every Friday.**
- 4. If you trying to add and remove a household member, you will need to fill out paperwork. Once you remove someone, it will be at JHA's discretion if the members are to be added back to the voucher.**
- 5. If you are moving, please make sure that you are out of your old unit by the agreed upon move-out date. You will not be able to stay because you have not found another unit. You will need to have written permission from the landlord and sent to this office 15 days before your end date if you decide not to move.**
- 6. If you need to port out of Clayton County you will need to first have a notice to vacate from your landlord. Once you bring it back, you will need to know the Housing Authority name, address, phone number and fax number before we can send your information. All new voucher holders have to stay in the Clayton County area for 1 (One) year after receiving their voucher.**
- 7. When moving into your new unit, your rent is due the day that you move in. You will be given an estimate of Rent with your paperwork. Please pay this to your landlord.**

\_\_\_\_\_  
**Tenant Signature**

\_\_\_\_\_  
**Date**



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## **Statement of Family Obligation (24 CFR 982.551)**

In order to become eligible and maintain eligibility for the federal Housing Choice Voucher/Section 8 Program, it is necessary that a participant family fulfill the obligations established by the Department of Housing & Urban Development (HUD) and the Jonesboro Housing Authority (JHA). Program rules and guidelines for families participating in the Housing Assistance Program are established by the Board of Commissioners. Each participant should have full understanding of their responsibilities while receiving program benefits. Failure to comply with the following guidelines/program rules may result in housing assistance payments being terminated or being prosecuted by Clayton County Courts.

### **THE HEAD OF HOUSEHOLD MUST:**

- 1.** Supply any information that the JHA or HUD determines to be necessary, including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition. **Notify the JHA of any income changes or changes in household composition within ten (10) business days of occurrence.**
- 2.** Disclose and verify social security numbers, sign and submit consent forms for obtaining information
- 3.** Report all income to the household including the income of children that are 18 years of age and are not full time students.
- 4.** Supply any information requested by the JHA to verify that the family is living in the unit within ten (10) business days of the request or information related to family absence from the unit within ten (10) business days of date of the occurrence.
- 5.** Promptly notify the JHA in writing when the family is away from the unit for an extended period of time in accordance with JHA policies within ten (10) business days of the occurrence.
- 6.** Allow JHA to inspect the unit at reasonable times and after reasonable notice.
- 7.** Must notify JHA and owner before the family moves out of the unit or terminates the lease.
- 8.** Promptly notify the JHA in writing of the birth, adoption, or court-awarded custody of a child. Must submit written request to JHA to get approval to add additional family members to voucher within ten (10) business days of date of the occurrence.
- 9.** Give the JHA a copy of any owner eviction notice within ten (10) business days of the occurrence.
- 10.** Promptly notify the JHA if any family member no longer lives in the unit within ten (10) business days of the occurrence.
- 11.** Use the assisted unit for residence by the family. The unit must be the family's only residence.
- 12.** Pay tenant rent, utilities, provide and maintain any appliance that the family is required to provide under the lease.

**THE HEAD OF HOUSEHOLD MUST NOT:**

1. Receive rental assistance from JHA on a unit that is rented from a close family member; doing so is in direct violation of program rules. Tenant's assistance will be terminated and all HUD funds will need to be returned to JHA.
2. Commit any serious or repeated violation of the lease.
3. Engage in drug-related criminal activity or violent criminal activity or any other activity that is criminal. This pertains to all family members, guests, and visitors.
4. Sublease or sublet the unit or assign the lease or transfer the unit.
5. Receive Housing Choice Voucher Program housing assistance while receiving another housing subsidy, for a different unit under any other Federal, State or local housing assistance program.
6. Engage in profit making activities in the unit unless such activities are incidental in the primary use of the unit as a residence of the family.
7. Own or have an interest in the unit (other than cooperative, or the owner of a manufactured leased home space).
8. Damage the unit or premises (other than damages from ordinary wear and tear) or permit any guest to damage the unit or premises. Failing HQS inspection or causing a delay in landlords HAP payment.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
10. Be responsible for the personal conduct of family members, visits, and guests to the unit or common areas of the property.
11. Engage in behavior that is considered threatening, abusive and/or violent towards the JHA staff.

I have read this form and fully understand my responsibilities regarding the rules and regulations that govern me during my participation in the Housing Choice voucher Program; or if I am unable to read the rules or have any disability that prevents me from understanding written documents, a member of Jonesboro Housing authority staff has read this form to me and fully explained my responsibilities. By signing this form I acknowledge that I fully understand the rules and regulations as stated on the form.

\_\_\_\_\_  
Head of Household Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/ Co-Head Name

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

\_\_\_\_\_  
Date

## **Jonesboro Housing Authority Documents Checklist**

I \_\_\_\_\_, have attended a certification/briefing appointment at the Jonesboro Housing Authority. By signing this form, I agree that I have signed all requested forms and been given an Information Booklet containing all required forms pertaining to the Housing Choice Voucher Program. I furthermore, agree that I have received, read and understood all forms that I have been given and/ or signed.

### **Forms Received:**

- ☐ Lead Base Paint Booklet
- ☐ Information Booklet
  - Authorization for the Release of Information w/ Federal Privacy Act
  - HCV and JHA Program Rules
  - Portability Procedures
  - Information Sheet
  - Tenant Reference Information Form
  - Landlord/ Tenant Fraud Form
  - Housing Discrimination Complainant Form
  - Warning Statement
  - GoSection8.com Web Site Information

### **Forms Signed:**

- ☐ Applicant Tenant Certification Form
- ☐ Application
- ☐ Child Support From
- ☐ Citizenship Form
- ☐ Consent Form
- ☐ Criminal Offense and Warning Statement
- ☐ HCV and JHA Program Rules
- ☐ Household Expense Sheet
- ☐ Lead Base Paint Form
- ☐ Notice to Vacate Form (If applicable)
- ☐ Resident Data Form

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of JHA Staff**

\_\_\_\_\_  
**Date**





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## **SIMPLE STEPS TO PROTECT YOUR FAMILY FROM LEAD HAZARDS**

### **If you think your home has high levels of lead:**

- ✓ Get your young children tested for lead, even if they seem healthy.
- ✓ Wash children's hands, bottle, pacifiers, and toys often.
- ✓ Make sure children eat healthy, low-fat foods.
- ✓ Get your home checked for lead hazards.
- ✓ Regularly clean floors, window sills, and other surfaces.
- ✓ Wipe soil off shoes before entering your home.
- ✓ Talk to your landlord about fixing surfaces with peeling or chipping paint.
- ✓ Take precautions to avoid exposure to lead dust when remodeling or renovating (call 1-800-424-Lead for guidelines).
- ✓ Don't use a belt-sander, propane torch, high temperature heat gun, scraper, or sandpaper on painted surfaces that may contain lead.
- ✓ Don't try to remove lead-base paint yourself.

**Further information regarding lead can be obtain from these organizations.**

#### **U.S. Environment Protection Agency (EPA)**

Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12<sup>th</sup> Floor, Air, Pesticides & Toxics  
61 Forsyth Street SW  
Atlanta, GA 30303  
(404) 562-8998

#### **Consumer Product Safety Commission (CPSC)**

4330 East West Highway  
Bethesda, MD 20814-4421  
(800) 638-2772  
cpsc.gov or saferproducts.gov

I have received a copy of the: Protect Your Family From Lead In Your Home. I accept responsibility to read and understand this information regarding Lead Base Paint.

\_\_\_\_\_  
Head of Household Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head Name

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

\_\_\_\_\_  
Date





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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the %ocation and Collection System of Records+for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent:** I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

---

Name of Applicant or Tenant (Print)

---

Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

---

Name of Project Owner or his/her representative

---

Title

---

Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.



**Jonesboro Housing Authority**  
*Helping today for a better tomorrow*



## **VAWA Violence Against Women Act**

HUD Notice PIH-2006-23, VAWA 2013 provides enhanced statutory protections for victims of domestic violence, dating violence, sexual assault, and stalking. VAWA 2013 also expands VAWA protections to HUD programs beyond HUD's public housing and Section 8 programs, which were covered by the reauthorization of VAWA in 2005 (VAWA 2005).

### **HUD Definitions**

**Domestic Violence**- includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

**Dating Violence** means violence committed by a person: who is or has been in a social relationship of a romantic or intimate nature with the victim, and where the existence of such a relationship shall be determined based on a consideration of the following factors: the length of the relationship; the type of relationship; and the frequency of interaction between the persons involved in the relationship.

**Stalking** means to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to that person; a member of the immediate family of that person; or the spouse or intimate partner of that person.

**Any information or documentation provide to JHA or owner by a victim of domestic violence, dating violence, or stalking will be kept confidential. At any time you are in need of assistance with VAWA please contact JHA immediately.**

I hereby certified that I have received information regarding VAWA and I \_\_\_\_Do (or) \_\_\_\_ Do Not need additional assistance with VAWA at this time.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
JHA Staff

\_\_\_\_\_  
Date

### **FOR ADDITONAL INFORMATION ON VAWA**

**\*National Domestic Violence Hotline**

**1-800-799-Safe (7233)**

**1-800-787-3224 (TTY)**

**\*HUD Housing Discrimination Hotline**

**1-800-669-9777**



*Jonesboro Housing Authority*  
*P.O. Box 458*  
*Jonesboro, Georgia 30237*



**(770) 478-7282**

**Fax (770) 478-2528**

**TTY (770) 478-4805**

## **NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

### **If you have a disability and you need:**

- ❖ A change in the rules or policies or how JHA does things that would make it easier for you to live here and use the facilities or take part in programs on site;
- ❖ A change or repair in your unit or special type of unit that would make it easier for you to live here and use the facilities or take part in programs on site;
- ❖ A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or;
- ❖ A change in the way we communicate with you or give you information, you can ask for this kind of change, which is called a REASONABLE ACCOMMODATION.
- ❖ If you can show that you have a disability and if your request is reasonable; if it would not create a financial burden on JHA; and if it is not too difficult to arrange, we will try to make the changes you request.
- ❖ JHA will give you an answer within 14 days of your request unless there is a problem getting the information we need or unless you agree to a longer time. JHA will let you know if we need more information or verification from you.
- ❖ If JHA were to turn down your request, JHA will explain the reasons and you can give us more information if you think that will help. JHA will provide assistance in completing a Reasonable Accommodation Request Form.
- ❖ Reasonable accommodation Request Forms can be picked up at the JHA office or JHA can send them via mail.

### **For Lease Violation or Eviction**

If this problem is as a result of a disability, you have a right to request a Reasonable Accommodation that would enable you to meet the terms of the Lease. If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If it involves someone else, you need evidence that they will provide the assistance.

I \_\_\_\_\_ HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF MY RIGHTS TO REASONABLE ACCOMMODATION.

\_\_\_\_\_ I NEED A REASONABLE ACCOMMODATION.

\_\_\_\_\_ I DO NOT NEED A REASONABLE ACCOMMODATION

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of JHA Staff**

\_\_\_\_\_  
**Date**



Jonesboro Housing Authority

*helping today for a better tomorrow*

JONESBORO HOUSING AUTHORITY  
P.O. BOX 458  
JONESBORO, GEORGIA 30237  
PHONE: 770-478-7282 TDD: 770-478-5805

## DECLARATION OF ELIGIBLE IMMIGRATION STATUS

THE JONESBORO HOUSING AUTHORITY (JHA) MUST DETERMINE THE CITIZENSHIP STATUS OF ALL HOUSING CHOICE PROGRAMS APPLICANTS AND PARTICIPANTS. SECTION 214 OF THE COMMUNITY DEVELOPMENT ACT OF 1980 DOES NOT ALLOW JHA TO PROVIDE RENTAL ASSISTANCE TO SOME CATEGORIES OF NONCITIZENS, INCLUDING ILLEGAL IMMIGRANTS AND NONIMMIGRANTS STATUS. ASSISTANCE REMAINS AVAILABLE TO SOME TYPES OF NONCITIZENS.

TO ASSIST JHA IN DETERMINING YOUR STATUS, PLEASE COMPLETE THE FOLLOWING INFORMATION. THE COMPLETED FORM MUST BE RETURNED TO THE JHA. FAILURE TO COMPLETE THIS FORM IS CAUSE FOR THE JHA TO DELAY, DENY, OR EVEN TERMINATE YOUR RENTAL ASSISTANCE. YOU CAN BE PROSECUTED FOR PERJURY FOR FALSELY IDENTIFYING ANY MEMBER OF THE HOUSEHOLD AS A U.S. CITIZEN.

IN THE SPACE BELOW, LIST THE NAME OF EACH FAMILY MEMBER OF THE HOUSEHOLD WHO IS A CITIZEN OF THE UNITED STATES OF AMERICA (i.e., THEY WERE BORN IN THE U.S. OR HAVE BEEN NATURALIZED). **EACH ADULT (18 YEARS OLD OR OLDER) MUST SIGN AND DATE IN THE SPACE BELOW. AN ADULT MEMBER OF THE HOUSEHOLD, WHO IS RESPONSIBLE FOR ANY MINOR CHILDREN, MUST COMPLETE THE INFORMATION AND SIGN ON BEHALF OF THE CHILD(REN).**

WE, THE UNDERSIGNED, CERTIFY UNDER PENALTY OF PERJURY THAT WE ARE CITIZENS OF THE UNITED STATES OF AMERICA. WE UNDERSTAND THAT FALSELY IDENTIFYING OURSELVES AS U.S. CITIZENS IS GROUNDS TO DENY OR TERMINATE RENTAL ASSISTANCE AND MAY RESULT IN PROSECUTION FOR PERJURY.

<u>HOUSEHOLD MEMBERS NAME</u>	<u>SOCIAL SECURTIY NO.</u>	<u>AGE</u>	<u>SIGNATURE</u>	<u>DATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IN THE SPACE BELOW, LIST ANY MEMBERS OF THE HOUSEHOLD WHO ARE NOT CITIZENS OF THE UNITED STATES OF AMERICA.

<u>HOUSEHOLD MEMBERS NAME</u>	<u>SSN OR INS NO.</u>	<u>AGE</u>	<u>SIGNATURE</u>	<u>DATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____





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.

<b>Applicant 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:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<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 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.



## CHILD SUPPORT DECLARATION FORM

I, \_\_\_\_\_, DO CERTIFY THAT I AM:

☐ DIVORCED FROM    ☐ SEPARATED FROM    ☐ NEVER BEEN MARRIED TO

PAYEE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (    ) AM OR (    ) AM NOT RECEIVING CHILD SUPPORT IN THE AMOUNT OF:

\$\_\_\_\_\_ ☐ WEEKLY  
☐ BIWEEKLY  
☐ MONTHLY

FOR THE FOLLOWING CHILDREN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I RECEIVE THE AMOUNT BY:

☐ CHECK  
☐ CHILD SUPPORT RECOVERY  
☐ CASH

THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Jonesboro Housing Authority  
P.O. Box 458  
Jonesboro, Georgia 30237



## AUTHORIZATION TO OBTAIN CRIMINAL/NATIONAL SEX OFFENDER REPORT

I hereby authorize Jonesboro Housing Authority to perform a criminal background check from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information.

**All adults age 18 and over must complete this form.**

Full Name: \_\_\_\_\_  
FIRST MI. LAST

Other Names Used: \_\_\_\_\_  
Maiden Other

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Are you subject to a lifetime sex offender registration? Yes No (Please circle)

I hereby waive any and all rights I may have against you, your department, or any of your officers or employees by reason of your furnishing such record. I certify that the above information is true and correct, and I understand that falsifying information may result in denial or termination of assistance.

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

JHA USE ONLY		
Date of Search:		
Was a record found during search?	Yes	No
Staff Signature:		

## VERIFICATION OF CHILDCARE EXPENSES

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

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

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

REGARDING: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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 the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose.

### INFORMATION BEING REQUESTED

<u>Person Being Cared for</u>	<u>Hours Per Week</u>	OR	<u>Hours Per Month</u>
_____	_____		_____
_____	_____		_____
_____	_____		_____

Average amount paid for individual(s) under 13: \$ \_\_\_\_\_ ☐ weekly ☐ every 2 weeks ☐ bimonthly ☐ monthly

Estimated amount to be paid in the next 12 months. \$ \_\_\_\_\_ (only children under 13)

(Include any amount to be paid for school child during the summer months)

Will any of these expenses be reimbursed by an outside source? ☐ Yes ☐ No ☐ Unknown

If yes, how much? \$ \_\_\_\_\_ ☐ weekly ☐ every 2 weeks ☐ bimonthly ☐ monthly

\_\_\_\_\_  
Name and Title of Person Supplying Information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my Child Care Expenses for the purpose of determining my eligibility for occupancy. The applicant or tenant may not sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information. This consent form is valid for 15 months from the date it is signed.

### 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. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date