



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Carefull

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease:
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

THOMASTON HOUSING AUTHORITY
574 TRIUNE AVENUE
THOMASTON, GEORGIA 30286
(706) 647-7420

PRE – APPLICATION

ONCE YOU HAVE COMPLETED THE PRE-APPLICATION AND HAVE ALL THE REQUESTED DOCUMENTS, PLEASE RETURN YOUR PRE- APPLICATION TO THE THOMASTON HOUSING AUTHORITY MAIN OFFICE. YOUR NAME WILL BE PLACED ON THE APPLICANT WAITING LIST ONCE WE RECEIVE THE REQUESTED INFORMATION. WHEN YOUR NAME COMES UP ON THE APPLICANT WAITING LIST YOU WILL BE CONTACTED TO SCHEDULE AN APPOINTMENT TO COMPLETE YOUR APPLICANT FILE.

APPLICANTS ARE REQUESTED TO INFORM THE THOMASTON HOUSING AUTHORITY WITHIN (10) DAYS OF CHANGES IN FAMILY COMPOSITION, INCOME, ADDRESS AND PHONE NUMBERS, AS WELL AS ANY CHANGES IN YOUR PREFERENCE STATUS. APPLICANTS ARE ALSO REQUIRED TO RESPOND TO REQUESTS FROM THE THOMASTON HOUSING AUTHORITY TO UPDATE INFORMATION ON THEIR APPLICATION, OR TO DETERMINE THEIR CONTINUED INTEREST IN ASSISTANCE.

FAILURE TO PROVIDE INFORMATION OR TO RESPOND TO MAILINGS WILL RESULT IN THE APPLICATION BEING REMOVED FROM THE WAITING LIST WITHOUT FURTHER NOTIFICATION FROM THE THOMASTON HOUSING AUTHORITY.

IF YOUR NAME IS REMOVED FROM THE WAITING LIST FOR FAILURE TO RESPOND OR FOR ANY REASON, YOU WILL NOT BE ABLE TO RE-APPLY FOR (24) MONTHS.

THOMASTON HOUSING AUTHORITY
574 TRIUNE AVENUE
THOMASTON, GEORGIA 30286
(706) 647-7420

APPLICATION FOR HOUSING

IN ORDER FOR THE THOMASTON HOUSING AUTHORITY TO DETERMINE YOUR NEED FOR HOUSING AND THE APPROPRIATE SIZE UNIT FOR YOUR FAMILY, THE FOLLOWING ITEMS MUST BE COMPLETED AND RETURNED WITH YOUR PRE-APPLICATION.

1. A COMPLETED PRE-APPLICATION (ALL QUESTIONS MUST BE ANSWERED TO PROCESS YOUR APPLICATION.)
2. PHOTO ID FOR ALL ADULT MEMBERS AGE 18 OR OLDER OF THE HOUSEHOLD (VALID DRIVER'S LICENSE OR VALID GEORGIA ID CARD.)
3. SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS.
4. BIRTH CERTIFICATES FOR ALL MEMBERS OF THE HOUSEHOLD.
5. MARRIAGE LICENSE, DIVORCE DECREE OR OTHER DOCUMENTATION WHICH APPLIES TO INDIVIDUAL CIRCUMSTANCES.
6. PROOF OF ALL INCOME – SOCIAL SECURITY AND SSI LETTERS FROM SOCIAL SECURITY ADMINISTRATION, CHILD SUPPORT, TANF, PAYCHECK STUBS AND PENSIONS.
7. ANY OTHER INFORMATION AS REQUIRED OR THAT IS NECESSARY TO DETERMINE ELIGIBILITY FOR HOUSING.

WARNING! THE OFFICIAL CODE OF GEORGIA SECTION 16-9-55, AS AMENDED, STATES THAT A PERSON IS GUILTY OF A MISDEMEANOR FOR FRAUDENTLY OBTAINING OR ATTEMPTING TO OBTAIN PUBLIC HOUSING OR REDUCTION IN PUBLIC HOUSING RENT.

APPLICANT'S SIGNATURE

DATE

THOMASTON HOUSING AUTHORITY
574 TRIUNE AVENUE
THOMASTON, GEORGIA 30286
(706) 647-7420

APPLICANT SSN _____

APPLICANT NAME _____

CURRENT STREET ADDRESS _____

CITY, STATE, ZIP _____

APPLICANT HOME TELEPHONE NUMBER _____

APPLICANT CELLPHONE OR OTHER CONTACT TELEPHONE NUMBER _____

APPLICANT WORK TELEPHONE NUMBER _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

CURRENT LANDLORDS NAME _____

CURRENT LANDLORDS ADDRESS, CITY, STATE, ZIP _____

CURRENT LANDLORDS TELEPHONE NUMBER _____

HOW MANY BEDROOMS DO YOU HAVE AT YOUR CURRENT ADDRESS? _____

HOW MUCH ARE YOU CURRENTLY PAYING FOR: RENT \$ _____

ELECTRICITY \$ _____ GAS \$ _____ WATER \$ _____

ARE THE UTILITY DEPOSITS IN YOUR NAME? _____

IF NOT, WHO'S NAME ARE THE UTILITIES IN? _____

IS YOUR MAILING ADDRESS THE SAME AS YOUR CURRENT ADDRESS ABOVE?

YES _____ NO _____

IF NO, PLEASE LIST YOUR MAILING ADDRESS BELOW:

STREET ADDRESS _____

CITY, STATE, ZIP _____

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APPLICANT PREVIOUS ADDRESS _____
CITY, STATE, ZIP _____

HOW LONG DID YOU LIVE AT PREVIOUS ADDRESS? _____
DATE FROM _____ DATE TO _____
NUMBERS OF BEDROOMS AT PREVIOUS ADDRESS _____
HOW MUCH WAS YOUR RENT AT PREVIOUS ADDRESS? _____

PLEASE LIST YOUR PREVIOUS LANDLORD OR LANDLORDS FOR THE PAST (5) YEARS:

PREVIOUS LANDLORD NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER _____

PREVIOUS LANDLORD NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER _____

PREVIOUS LANDLORD NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER _____

HAVE YOU EVER LIVED IN PUBLIC HOUSING? YES _____ NO _____

IF YES PLEASE LIST THE HOUSING AUTHORITY OR HOUSING AUTHORITIES:

HOUSING AUTHORITY NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER _____

HOUSING AUTHORITY NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER _____

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THE FOLLOWING IS TO BE COMPLETED THOROUGHLY IN THE APPLICANT'S OWN HANDWRITING. IF ASSISTANCE IS REQUIRED, PLEASE NOTE THIS IN THE COMMENT SECTION AND HAVE THE PERSON PROVIDING ASSISTANCE SIGN ON THE LAST PAGE.

1. FAMILY COMPOSITION

LIST ALL MEMBERS OF YOUR FAMILY WHO WILL BE LIVING WITH YOU, STARTING WITH YOURSELF AND CONTINUING WITH THE OLDEST CHILDREN FIRST.

NAME (FIRST, MIDDLE, LAST) _____
SOC.SEC.NO. _____
RELATION TO APPLICANT _____
BIRTH DATE _____
AGE _____
RACE: WHITE _____ BLACK _____ AMERICAN INDIAN _____ ASIAN _____
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER _____
GENDER: MALE _____ FEMALE _____

NAME (FIRST, MIDDLE, LAST) _____
SOC.SEC.NO. _____
RELATION TO APPLICANT _____
BIRTH DATE _____
AGE _____
RACE: WHITE _____ BLACK _____ AMERICAN INDIAN _____ ASIAN _____
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER _____
GENDER: MALE _____ FEMALE _____

NAME (FIRST, MIDDLE, LAST) _____
SOC.SEC.NO. _____
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GENDER: MALE _____ FEMALE _____

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RACE: WHITE _____ BLACK _____ AMERICAN INDIAN _____ ASIAN _____
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER _____
GENDER: MALE _____ FEMALE _____

NAME (FIRST, MIDDLE, LAST) _____
SOC.SEC.NO. _____
RELATION TO APPLICANT _____
BIRTH DATE _____
AGE _____
RACE: WHITE _____ BLACK _____ AMERICAN INDIAN _____ ASIAN _____
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER _____
GENDER: MALE _____ FEMALE _____

NAME (FIRST, MIDDLE, LAST) _____
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RACE: WHITE _____ BLACK _____ AMERICAN INDIAN _____ ASIAN _____
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NAME (FIRST, MIDDLE, LAST) _____
SOC.SEC.NO. _____
RELATION TO APPLICANT _____
BIRTH DATE _____
AGE _____
RACE: WHITE _____ BLACK _____ AMERICAN INDIAN _____ ASIAN _____
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER _____
GENDER: MALE _____ FEMALE _____

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IS ANY MEMBER OF THE HOUSEHOLD EXPECTING A NEWBORN? _____
IF YES WHEN? _____ GENDER: MALE _____ FEMALE _____

WHAT IS THE MARITAL STATUS OF ALL OTHER ADULTS THAT WILL BE LIVING WITH YOU?
SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____

LIST FORMER LIVING SPOUSES MOTHERS OR FATHERS TO YOUR CHILDREN:

NAME _____
ADDRESS _____
TELEPHONE NUMBER _____
SOC.SEC.NO. _____

NAME _____
ADDRESS _____
TELEPHONE NUMBER _____
SOC.SEC.NO. _____

NAME _____
ADDRESS _____
TELEPHONE NUMBER _____
SOC.SEC.NO. _____

NAME _____
ADDRESS _____
TELEPHONE NUMBER _____
SOC.SEC.NO. _____

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FAMILY INCOME

PLEASE LIST INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS THAT WILL BE LIVING IN YOUR HOUSEHOLD. THIS INCLUDES ALL WAGES, CHILD SUPPORT, TANF, FOOD STAMPS, SOCIAL SECURITY, SSI, VA BENEFITS, PENSIONS, AND INCOME FROM INVESTMENTS, STOCK, BONDS, OR OTHER ASSETS:

SOURCE OF INCOME: _____
NAME OF FAMILY MEMBER RECEIVING INCOME _____
EMPLOYERS NAME _____
EMPLOYERS ADDRESS _____
EMPLOYERS TELEPHONE NUMBER _____
WHAT DO YOU MAKE PER HOUR? \$ _____
HOW MANY HOURS DO YOU WORK PER WEEK? _____
IF YOU RECEIVE SOCIAL SECURITY, SSI, PENSION, VA BENEFITS, CHILD SUPPORT OR TANF,
WHAT IS THE AMOUNT YOU RECEIVE A MONTH? \$ _____
DO YOU RECEIVE FOOD STAMPS? _____ IF YES, MONTHLY AMOUNT \$ _____

IF YOU HAVE ANY OTHER INCOME PLEASE LIST WHERE THE INCOME IS COMING FROM AND HOW OFTEN AND HOW MUCH YOU RECEIVE:

SOURCE OF INCOME: _____
NAME OF FAMILY MEMBER RECEIVING INCOME _____
EMPLOYERS NAME _____
EMPLOYERS ADDRESS _____
EMPLOYERS TELEPHONE NUMBER _____
WHAT DO YOU MAKE PER HOUR? \$ _____
HOW MANY HOURS DO YOU WORK PER WEEK? _____
IF YOU RECEIVE SOCIAL SECURITY, SSI, PENSION, VA BENEFITS, CHILD SUPPORT OR TANF,
WHAT IS THE AMOUNT YOU RECEIVE A MONTH? \$ _____
DO YOU RECEIVE FOOD STAMPS? _____ IF YES, MONTHLY AMOUNT \$ _____

IF YOU HAVE ANY OTHER INCOME PLEASE LIST WHERE THE INCOME IS COMING FROM, HOW OFTEN YOU RECEIVE THE INCOME AND HOW MUCH INCOME YOU RECEIVE:

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SOURCE OF INCOME: _____
NAME OF FAMILY MEMBER RECEIVING INCOME _____
EMPLOYERS NAME _____
EMPLOYERS ADDRESS _____
EMPLOYERS TELEPHONE NUMBER _____
WHAT DO YOU MAKE PER HOUR? \$ _____
HOW MANY HOURS DO YOU WORK PER WEEK? _____
IF YOU RECEIVE SOCIAL SECURITY, SSI, PENSION, VA BENEFITS, CHILD SUPPORT OR TANF,
WHAT IS THE AMOUNT YOU RECEIVE A MONTH? \$ _____
DO YOU RECEIVE FOOD STAMPS? _____ IF YES, MONTHLY AMOUNT \$ _____

IF YOU HAVE ANY OTHER INCOME PLEASE LIST WHERE THE INCOME IS COMING FROM, HOW
OFTEN YOU RECEIVE THE INCOME AND HOW MUCH INCOME YOU RECEIVE:

SOURCE OF INCOME: _____
NAME OF FAMILY MEMBER RECEIVING INCOME _____
EMPLOYERS NAME _____
EMPLOYERS ADDRESS _____
EMPLOYERS TELEPHONE NUMBER _____
WHAT DO YOU MAKE PER HOUR? \$ _____
HOW MANY HOURS DO YOU WORK PER WEEK? _____
IF YOU RECEIVE SOCIAL SECURITY, SSI, PENSION, VA BENEFITS, CHILD SUPPORT OR TANF,
WHAT IS THE AMOUNT YOU RECEIVE A MONTH? \$ _____
DO YOU RECEIVE FOOD STAMPS? _____ IF YES, MONTHLY AMOUNT \$ _____

IF YOU HAVE ANY OTHER INCOME PLEASE LIST WHERE THE INCOME IS COMING FROM, HOW
OFTEN YOU RECEIVE THE INCOME AND HOW MUCH INCOME YOU RECEIVE:

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ARE THERE ANY ADULT MEMBERS AGE 18 OR OLDER THAT WILL BE LIVING IN YOUR HOUSEHOLD THAT IS A FULL-TIME STUDENT? IF SO PLEASE LIST BELOW:

NAME _____
SCHOOL ATTENDING _____
NAME _____
SCHOOL ATTENDING _____
NAME _____
SCHOOL ATTENDING _____

WHY DO YOU WANT TO LIVE AT THE THOMASTON HOUSING AUTHORITY?

HAVE YOU EVER LEASED AN APARTMENT FROM THE THOMASTON HOUSING AUTHORITY?

YES _____ NO _____

IF YES PLEASE GIVE THE APARTMENT NUMBER # _____

HAVE YOU EVER LIVED IN PUBLIC HOUSING/FEDERALLY ASSISTED HOUSING?

YES _____ NO _____

IF YES WHEN? _____

WHERE? _____

LIST ANY OTHER FAMILY/RELATIVES THAT ARE NOW LIVING AT THE THOMASTON HOUSING AUTHORITY:

NAME _____

ADDRESS _____

RELATION _____

TELEPHONE NUMBER _____

NAME _____

ADDRESS _____

RELATION _____

TELEPHONE NUMBER _____

NAME _____

ADDRESS _____

RELATION _____

TELEPHONE NUMBER _____

NAME _____
ADDRESS _____
RELATION _____
TELEPHONE NUMBER _____

NAME _____
ADDRESS _____
RELATION _____
TELEPHONE NUMBER _____

NAME _____
ADDRESS _____
RELATION _____
TELEPHONE NUMBER _____

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DO YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE A CRIMINAL RECORD?

YES _____ NO _____

IF YES PLEASE LIST HOUSEHOLD MEMBER NAME _____

EXPLAIN:

HAS ANYONE IN YOUR HOUSEHOLD BEEN ARRESTED OR CONVICTED FOR THE USE, SALE, MANUFACTURE, OR DISTRIBUTION OF CONTROLLED SUBSTANCES (DRUGS)?

YES _____ NO _____

IF YES, PLEASE LIST HOUSEHOLD MEMBER NAME _____

WHEN? _____

EXPLAIN:

DOES ANYONE IN YOUR HOUSEHOLD CURRENTLY USE A CONTROLLED OR ILLEGAL DRUG?

YES _____ NO _____

IF YES, PLEASE EXPLAIN:

HAS ANYONE IN YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY OR ARRESTED FOR VIOLENT CRIMINAL ACTIVITY?

YES _____ NO _____

IF YES, PLEASE LIST HOUSEHOLD MEMBER NAME _____

WHEN? _____

EXPLAIN:

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HAVE ANY OF YOUR CHILDREN EVER BEEN INVOLVED WITH JUVENILE AUTHORITIES OR COURT?

YES _____ NO _____

IF YES PLEASE LIST HOUSEHOLD MEMBER NAME _____

EXPLAIN:

LIST ALL AUTOMOBILES OWNED OR DRIVEN REGULAR BY HOUSEHOLD MEMBERS:

MAKE _____
MODEL _____
YEAR OF VEHICLE _____
COLOR OF VEHICLE _____
TAG NUMBER _____

MAKE _____
MODEL _____
YEAR OF VEHICLE _____
COLOR OF VEHICLE _____
TAG NUMBER _____

NOTICE: ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD OR ANY ACT OF ASSISTANCE TO SUCH ATTEMPT IS A CRIME UNDER GEORGIA CODE SECTION 16-9-55 AND U.S. CODE TITLE 18, SECTION 10001, PUNISHABLE BY FINE UP TO \$10,000.00 OR IMPRISONMENT UP TO 5 YEARS OR BOTH.

I/WE, THE UNDERSIGNED, DO HEREBY SWEAR AND ATTEST THAT ALL THE INFORMATION ABOVE IS TRUE AND CORRECT. I/WE ALSO UNDERSTAND THAT I/WE ARE REQUIRED TO REPORT ALL CHANGES IN INCOME OF FAMILY COMPOSITION TO THE THOMASTON HOUSING AUTHORITY IN WRITING WITHIN TEN DAYS OF THE CHANGE.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE (IF APPLICABLE)

DATE

**THOMASTON HOUSING AUTHORITY
574 TRIUNE AVENUE
THOMASTON, GEORGIA 30286
(706) 647-7420**

EMERGENCY CONTACT

TENANT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER _____

**PERSON TO CONTACT IN CASE OF EMERGENCY
(IF YOU ARE ELIGIBLE FOR HOUSING THE FOLLOWING
CONTACT WILL BE USED FOR YOUR LEASE)**

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER _____
RELATIONSHIP _____



Client Code:

310 State Highway 325
Blairsville, GA 30512
706-835-1831 (phone)
877-246-5059 (fax)

info@factsondemand.com

CONSENT AND AUTHORIZATION

I do hereby give to **Facts on Demand, Inc.**, or any of its agents, authorization to disclose orally or in writing the results of this background check to the employer or designated authorized recipient. I have read this authorization and give full consent without reservation for a background check to be conducted on me. **Facts on Demand, Inc.** may make an investigative report in which information may be obtained regarding my criminal records, education and employment history, motor vehicle records, and any other applicable personal information. I do hereby release, hold harmless and indemnify **Facts on Demand, Inc.**, and all persons or agencies involved in reporting information about me from any claims or damages resulting in information provided by those agencies. I certify that all information provided is truthful, accurate and provided voluntarily.

Please print all information CLEARLY.

Information required for identifier purposes only

***First Name**

***Middle Name**

***Last Name**

***Signature**

_____/_____/_____
***Today's Date**

_____/_____/_____
***Social Security Number**

_____/_____/_____
***Date of Birth**

***Sex**

***Race**

***Current Address**

***City**

***State**

***Zip Code**

***Driver's License Number & State**

The purpose of this background check will be for: Employment Volunteer (Only check one box)

****Special employment provisions (Check if applicable) ****

Employment with: Mentally Disabled Elder Care Children

One of the following MUST be checked: How long, from today's date, will this authorization be valid?

One-Time Only 90 Days Periodic checks may be made by this company for the duration of my employment.

Applicant: DO NOT WRITE BELOW THIS LINE

- Criminal Background (list States) _____
- Motor Vehicle Report Sex Offender Search Wants/Warrants Search OIG GSA
- Federal Criminal Search SSN Trace OFAC Search Nationwide Conviction Search
- Employment Verification (additional form required) Education Verification (additional form required)
- RUSH** (Additional \$4.00 fee will be added – results returned in four business hours)

Fraud Affidavit

THOMASTON HOUSING AUTHORITY

Penalties for Fraud

FRAUD – Withholding information from this Agency OR providing false information to this Agency

- 1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 AND Imprisonment for up to five years.**
- 2. If a resident submits fraudulent information to this agency OR withholds relevant Information from this agency, the resident will be charged back rent, face eviction Proceedings, and will be turned in for prosecution for violating a federal law.**
- 3. Tenants will be required to pay market rent – retroactively, if applicable.**

Resident Acknowledgement(s)

By signing below, I confirm:

- 1. That I have read the penalties for submitting fraudulent information above:**
- 2. That I understand what fraud is, and:**
- 3. That I understand the penalties for committing fraud.**

**Printed Name of the Head of Household,
Signature & Date:**

X _____

Date _____

**Printed Name of the other Adult Member of the Household,
Signature & Date:**

X _____

Date _____

THOMASTON HOUSING AUTHORITY
574 TRIUNE AVENUE
THOMASTON, GEORGIA 30286
Telephone# (706) 647-7420 Fax# (706)647-5907

LANDLORD VERIFICATION

NAME OF APPLICANT _____

ADDRESS OF HOME LEASED FROM YOU _____

Dates of Occupancy: From _____ To _____

1. Amount of rent paid? _____ Per: _____ (day, week, month)

2. Does (did) applicant pay rent on time? Yes _____ No _____

If no, please give a 3-6 month history: _____

3. Did the applicant leave owing a balance? Yes _____ No _____

If so, what is the balance owed? \$ _____

4. Does (did) the applicant permit persons other than those on the lease to live in the home?

Yes _____ No _____

5. Does (did) the applicant keep the home clean, safe and sanitary? Yes _____ No _____

6. If the applicant has vacated your property, did they leave the premises in acceptable condition?

Yes _____ No _____

If no, please explain: _____

7. Had (has) the applicant damaged the home? Yes _____ No _____

If yes, please describe briefly _____

8. Does (did) applicant ever have pets in the home without your knowledge or permission?

Yes _____ No _____

9. Has (had) the applicant ever caused any or allowed visitors to create any disturbances or disturb

neighbors? Yes _____ No _____

10. Has (had) the applicant, family members or guests engaged in-any criminal activity, including

drugs? Yes _____ No _____

If yes, please describe briefly: _____

11. Would you rent to the applicant again? Yes _____ No _____

If not, please explain: _____

*****Please fill out back of this page, if not the form will be considered incomplete**

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574 TRIUNE AVENUE
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Telephone# (706) 647-7420 Fax# (706)647-5907

I, _____ authorize the release of any information for the purpose of rental assistance.
Name of Applicant

Signature of Applicant

Date

Form Completed By

Date

Name of Agency _____
Address of Agency _____
City, State, Zip _____
Telephone # _____

INCOME INFORMATION QUESTIONNAIRE

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

Applicant Name: _____ Date _____
Address: _____
City, State, Zip _____
Telephone Number _____

1. How much is the family weekly grocery bill? \$ _____
Does anyone contribute to your grocery bill? Yes _____ No _____
If yes, Who? _____ and Amount \$ _____
How often? _____ (daily, weekly, monthly)

2. How much do you spend monthly on cleaning, grooming and paper products? (Include paper Napkins, toilet paper, trash bags, other paper goods, diapers, soap, deodorant, shampoo, Toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services and nails)
\$ _____
Does anyone contribute to your paper products, cleaning products, grooming products or Hair Salon or Nail Salon expenses?
Yes _____ No _____
If yes, Who? _____ Amount \$ _____
How Often? _____ (daily, weekly, monthly)

3. Does the family own a car? Yes _____ No _____
If yes, Do you have a car payment? Yes _____ No _____
If yes, Who do you pay the payment to? _____
If yes, Does anyone contribute to the car payment? Yes _____ No _____
If yes, Who? _____ Amount \$ _____
How Often? _____ (daily, weekly, monthly)

4. If the family owns a car, what are the average monthly amounts the family pays for the following:
Gas \$ _____ Maintenance \$ _____ Insurance \$ _____ Tires \$ _____
Does anyone contribute to the monthly auto-related expenses? Yes _____ No _____
If yes, Who? _____ Amount \$ _____
How Often? _____ (daily, weekly, monthly)

5. Do you have Cable? Yes _____ No _____
If yes, What is your monthly payment? \$ _____
Does anyone contribute to the monthly cable expense? Yes _____ No _____
If yes, Who? _____ Amount \$ _____
How Often? _____ (daily, weekly, monthly)

6. Do you have a Home Telephone or Cellphone? Yes _____ No _____
If yes, What is your average monthly payment? \$ _____
Does anyone contribute to the monthly phone expense? Yes _____ No _____
If yes, Who? _____ Amount \$ _____
How Often? _____ (daily, weekly, monthly)

7. What is your average monthly expense for clothing? \$ _____
Does anyone contribute to the monthly clothing expense? Yes _____ No _____
If yes, Who? _____ Amount \$ _____
How Often? _____ (daily, weekly, monthly)

8. If you smoke, what is your average monthly expense for cigarettes/cigars? \$ _____
 Does anyone contribute to the monthly smoking expense? Yes _____ No _____
 If Yes, Who? _____ Amount \$ _____
 How Often? _____ (daily, weekly, monthly)
9. What is your average monthly expense for the Nail Salon \$ _____
 Does anyone contribute to the monthly Nail Salon expense? Yes _____ No _____
 If yes, Who? _____ Amount \$ _____
 How Often? _____ (daily, weekly, monthly)
10. What is your average monthly cost for entertainment to the family? (Include magazines, movies, video Rentals, club memberships, sporting events, alcohol, lottery tickets, vacations, other entertainment)? \$ _____
 Does anyone contribute to the monthly entertainment expense? Yes _____ No _____
 If yes, Who? _____ Amount \$ _____
 How Often? _____ (daily, weekly, monthly)
11. What is the average monthly cost that you are paying now for housing and utilities? \$ _____
 Does anyone contribute to the monthly housing and utility expense? Yes _____ No _____
 If yes, Who? _____ Amount \$ _____
 How Often? _____ (daily, weekly, monthly)
12. Do you work any part-time jobs? Yes _____ No _____
 If yes, Where do you work part-time? _____
 If yes, Who do you work for part-time? _____
 How much do you get paid per day? \$ _____
 How much do you get paid per week? \$ _____
13. Do you owe any Creditors? (Include Finance Companies, Bank Loans, Furniture Accounts, Jewelry Accounts, Credit Card Accounts, Etc.)? Yes _____ No _____
 If yes, What are your total monthly payments? \$ _____
 Does anyone contribute to your creditor expenses? Yes _____ No _____
 If yes, Who? _____ Amount \$ _____
 How Often? _____ (daily, weekly, monthly)
14. Do you receive Child support payments? Yes _____ No _____
 If yes, Monthly Amount \$ _____
 If yes, who do you receive the Child Support from? _____
 Is it paid directly to you? Yes _____ No _____
 Is it paid through Child Support Recovery? Yes _____ No _____
 How Often? _____ (daily, weekly, monthly)
 Amount \$ _____
15. Do you receive Tanf? Yes _____ No _____
 If yes, Monthly Amount \$ _____
 How Often? _____ (daily, weekly, monthly)
16. Do you receive Worker's compensation? Yes _____ No _____
 If yes, Weekly Amount \$ _____ or Monthly Amount \$ _____
 How Often? _____ (daily, weekly, monthly)
17. Do you receive a monthly Pension/Retirement? Yes _____ No _____
 If yes, What is the Name of Company you receive payment from? _____
 If yes, What is the monthly Amount \$ _____
 How Often? _____ (daily, weekly, monthly)

 Applicant Signature

 Date

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

Offices of Public and Indian Housing

PHA requesting release of information;
(Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information:
(Cross out space if none)
(Full address, name of contract person, and date)

THOMASTON HOUSING AUTHORITY
574 TRIUNE AVENUE
THOMASTON, GEORGIA 30286
(706) 647-7420

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 of previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent Verification of income information. Therefore, HUD or the HA May request information from financial institutions to verify your Eligibility and level of benefits.

PURPOSE: In signing this consent form, you are authorizing HUD And the above-named HA to request income information from the Sources listed on the form. HUD and the HA need this information To verify your household's income, in order to ensure that you are Eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect The income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and the HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

WHO MUST SIGN THE CONSENT FORM: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the Household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA – owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19 (c) leased housing
Section 23 Housing Assistance Payments
HA – owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or Termination of benefits is subject to the HA's grievance Procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103 (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 by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

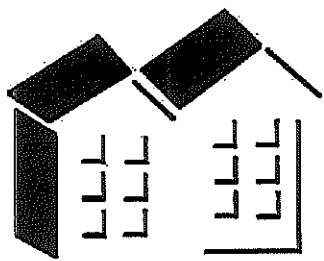
Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant of participant may be subject to a misdemeanor and fined 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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/hip/eiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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:

THOMASTON HOUSING AUTHORITY
574 TRIUNE AVENUE
THOMASTON, GEORGIA 30286

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

Signature

Date

Printed Name



**Housing Authority
Of The
City Of Thomaston
THOMASTON, GEORGIA**

Are you any member of your household subject to a lifetime state sex offender registration program in Georgia or any other state?

Yes: _____

Name of Household Member: _____

No: _____

Signature: _____

Date: _____

Please note failure to respond to the question may jeopardize the approval of the application



HOUSING AUTHORITY
OF THE
CITY OF THOMASTON
THOMASTON, GEORGIA
CREDIT HISTORY

I hereby grant the Housing Authority permission to check my credit references to help determine my acceptance as a resident.

Name: _____

Social Security Number: _____ Birth Date: _____

Current Address: _____

Current Landlord: _____

Previous Address: _____

Employment: _____

Credit References: (1) _____

(2) _____

Bank References: (1) _____

(2) _____

Signature: _____ DATE: _____

Note to applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Are you married? Yes No

If yes, complete the following section on your spouse:

Name: _____

Social Security Number: _____ Birth Date: _____

Employment: _____

"Title 18, section 1001 of the U.S. Code states that a person 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 owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above 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 \$500. Any applicant or participant affected by negligent disclosure of information may bring civil action for damage, and seek other relief, as may be appropriate, against the officer or employee of HUD or the responsible for the disclosure or improper use. Penalty provisions for misusing the social security number contained in the "social security Act at 208 (a) (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C: 408 (a) (6), (7) and (8).

REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household: _____

Address: _____

Home Phone: _____ **Alternate (if applicable):** _____

1) The following member of my household has a disability

Name: _____ **Relationship:** _____

2) Please provide the following accommodation (s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises.

Check one of the following boxes that is applicable to your request:

An accommodation or adjustment in the following program, rule, policy, practice, or service that I currently must follow to meet the terms of the program. I understand that I may ask for a change in how I meet the terms of the program's rules and regulations. (Please be specific and explain what is needed. Attach a separate sheet if necessary for additional information).

I need a modification in my unit or to another part of the associated housing complex. (Please tell what specifically is needed. Attach a separate sheet if necessary for additional information). **NOTE: Applicable only to programs where the Housing Authority of the City of Thomaston owns the property.**

3) I need this reasonable accommodation because:

4) My request can be verified by:

Physician/Diagnostician

Name & Title: _____

Organization: _____

Address: _____

Phone: (____) _____

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

I, _____, give the Housing Authority of the City of Thomaston permission to contact the individual (s) identified in NO. 4 of this form for the purpose of verifying that I or a family member needs the reasonable accommodation requested above. (NOTE: This must be signed by the person designated in NO. 1 of this form or by an individual with authority to sign on the person's behalf).

Signed (Head of Household)

Date

Signature (Other Adult)

Date

Date: _____

Dear: _____

Enclosed is a "Request for Reasonable Accommodations" form signed by _____ asking you to verify the household member's need for a reasonable accommodation or modification in their housing.

In accordance with the laws concerning persons with disabilities, a housing provider, upon request, may have to make reasonable accommodations to its program's rules, policies, practices, or services or reasonable modifications to a housing unit or its associated premises. These reasonable accommodations or modifications may be required if they are necessary to enable a person with a disability to comply with the program's requirements and have an equal opportunity within the program to use and enjoy the unit and its associated premises. *Please note that such accommodations must be necessary, not just desirable.*

_____ has requested the accommodation described on the enclosed "Request for a Reasonable Accommodation" form. Please indicate by completing the verification portion of this form whether you believe the requested accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be relevant and non-confidential in helping us make the right accommodation for this person.

This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please return the form within (10) ten calendar days of its receipt in the enclosed self-addressed, stamped envelope. If you have any questions, or cannot complete this form within (10) ten calendar days, please call the Housing Authority of the City of Thomaston at (706) 647-7420, Monday thru Thursday between the hours of 7:30 a.m. to 6:00p.m.

Thank you for your cooperation.

Sincerely,

Patricia Andrews-Allen,
Executive Director

Enclosure (s): Request for a Reasonable Accommodation Verification Form

REQUEST FOR A REASONABLE ACCOMMODATION VERIFICATION FORM

In accordance with the signed consent form provided on the attached form, please verify the information concerning a request for a reasonable accommodation for _____ by completing the following:

(Check all applicable boxes)

- A. The subject individual has a disability (The U.S. Department of Housing and Urban Development's definition of disability defined under the Act defines a person with a disability to include (1) individuals with a physical or mental impairment (included but not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addition (other than addition caused by current, illegal use of a controlled substance) and alcoholism) that substantially limits one or more life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

An individual who is developmentally disabled, i.e. an individual who has a severe chronic disability, is one for whom all of the below apply:

1. Is attributable to a mental and/or physical impairment;
2. Was manifested before the age of 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency, AND
5. Requires special, interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.

- This individual does NOT have a disability or handicap as defined.

- B. The disability or handicap necessitates the requested accommodation or modification identified on the enclosed Reasonable Accommodation Request Form in order for the subject individual to comply with the requirements of the program and have equal access to and enjoyment of his/her unit and its associated premises.

1. Do you believe the requested accommodation will achieve its stated purpose?
 Yes No (If no, please explain briefly)

YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

In accordance with the laws concerning persons with disabilities, a housing provider, upon request, may have to make reasonable accommodations to its program's rules, policies, practices or services or reasonable modifications to a housing unit or its associated premises. These reasonable accommodations or modifications may be required if they are necessary to enable a person with a disability to comply with the program's requirements and have an equal opportunity within the program to use and enjoy the unit and its associated premises. *(Please note that such accommodations must be necessary, not just desirable).*

Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?

If you have a disability that requires you to need. . . .

1. An accommodation or adjustment in the program's rules, policies, practices, or services, or
 2. A modification of your Public Housing unit or its associated premises,
- If these circumstances are applicable, then you have the right to request a reasonable accommodation or modification

Will my request automatically be approved?

We will try to approve your request if you can show that...

1. You have a disability that requires a reasonable accommodation or modification, and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request Form available at the Housing Authority of the City of Thomaston, 574 Triune Avenue, Thomaston, GA 30286 or by calling the office at (706) 647-7420 during regular business hours. If you need help filling out this form, or if you have any questions contact the office.

What happens after I file the request?

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your request. If we turn down your request, we will explain the reason(s). You will have the right to hearing if your request is denied.

I have read, reviewed, and understand my rights to a Reasonable Accommodation under the terms listed above.

Do you require a Reasonable Accommodation? Yes No

If yes, please explain.

Signature (Head of Household)

Date

Housing Representative

Date

The Housing Authority of the City of Thomaston will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of (7) seven days for preparation of the material.

2. Please indicate the critical time frame required to complete the requested accommodation so that the subject can have an equal opportunity to use and enjoy his/her unit and its associated premises and honor the terms of his/her lease.

- Immediate
- Within 5 months
- From 6 months to 1 year

3. Please provide any relevant and non-confidential information to assist in the evaluation of the requested reasonable accommodation:

Comments:

I certify that the above information is true and complete.

Physician/diagnostician (name & title)

License #

Signature

Date

Name of Organization

Street Address

City & State

Zip Code

Telephone #

*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 42 U.S.C. 208(a), (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 208 (a), (6), (7), and (8).

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.