

**Marceline Housing Authority**

229 W. Hauser, P.O. Box 127

Marceline, MO 64658

Phone: 660-376-3101 Fax: 660-376-2633

# APPLICATION FOR ADMISSION

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## MARCELINE HOUSING AUTHORITY

CEDARBROOKE SQUARE, SUNSET HILL & FAMILY OFFSITES

**DO NOT REMOVE ANY PART OF THIS APPLICATION**

**UPON SUBMISSION OF THIS APPLICATION TO THE MARCELINE HOUSING AUTHORITY, A CREDIT AND CRIMINAL BACKGROUND CHECK WILL BE PERFORMED ON EVERY HOUSEHOLD MEMBER 18 YEARS AND OLDER. IN ADDITION, THE INFORMATION SUBMITTED WILL BE USED TO VERIFY IDENTITY, INCOME, AND ASSETS THROUGH EIV (ELECTRONIC INCOME VERIFICATION.) IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES, AND YOU REQUIRE A SPECIFIC ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAM AND SERVICES, PLEASE INFORM THE STAFF IN OUR OFFICE.**

Please complete all blanks on the application. Incomplete forms will not be processed. Be sure to update your application if there are any changes, it could affect where your name is placed on our waiting list. If you need additional space to answer any question please use the back of this form.

HEAD OF HOUSEHOLD: \_\_\_\_\_  
First Middle Last

SPOUSE/OTHER ADULT: \_\_\_\_\_  
First Middle Last

ALL OTHER NAMES USED (maiden/former etc.): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ALL THOSE WHO WILL OCCUPY THE UNIT:(Include unborn children & due date)							
Member Number	First and Last Name	Relation to Head	Social Security Number	Date Of Birth	Sex	Race	Ethnicity
#1		SELF					
#2							
#3							
#4							
#5							
#6							

ARE ANY CHANGES IN HOUSEHOLD COMPOSITION TO BE EXPECTED?  
☐ YES Explain: \_\_\_\_\_  
☐ NO

IS THERE ANYONE NOT LISTED ON THIS APPLICATION WHO MAY BE VISITING REGULARLY?  
☐ YES First & Last Name(s): \_\_\_\_\_  
☐ NO (Example: Non-custodial children, ex-spouses, children in college, etc.)

SPECIAL NEEDS INFORMATION:

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE ANY SPECIAL NEEDS OR REQUIRE SPECIAL EQUIPMENT TO LIVE ALONE IN THE UNIT?

☐ YES Please specify the need: \_\_\_\_\_

☐ NO

CRIMINAL HISTORY INFORMATION:

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A TRAFFIC TICKET?

☐ YES (\*If yes, please answer all questions below. List all offenses. Use back page if necessary.)

☐ NO

Member Number:		
Offense:		
Location:		
Date:		

ARE YOU OR ANY HOUSEHOLD MEMBER SUBJECT TO A LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE?

☐ YES (\*If yes, please answer all questions below. List all offenses. Use back page if necessary.)

☐ NO

Member Number:		
Location:		
Date:		

DO YOU OR ANY HOUSEHOLD MEMBER HAVE ANY CRIMINAL MATTERS PENDING?

☐ YES (\*If yes, please answer all questions below. List all offenses. Use back page if necessary.)

☐ NO

Member Number:		
Location:		
Date:		

\*\*\*\*\*Failure to list complete criminal history of all family members will result in denial of housing. Please feel free to use the back pages of this application if necessary.



**INCOME INFORMATION:****DID YOU OR ANY FAMILY MEMBER FILE A TAX RETURN FOR THE PREVIOUS YEAR?**

- ☐ YES Member # \_\_\_\_\_
- ☐ NO

**ARE YOU OR ANY FAMILY MEMBER CURRENTLY ATTENDING SCHOOL?**

- ☐ YES Member # \_\_\_\_\_ Where: \_\_\_\_\_ ☐ Full Time ☐ Part Time
- ☐ NO

**DO YOU OR ANY FAMILY MEMBER RECEIVE ANY OF THE FOLLOWING TYPES OF INCOME?**

Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Location: _____	Hrs per week: _____
Tips/Bonuses/Commissions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
SSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
Unemployment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Online Verification Pin #: _____	
Disability Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
TANF	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Caseworker and County: _____	
Child Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Case #: _____	
Alimony	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Case #: _____	
Pensions/Retirement/Annuity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
Military Pay	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
Veteran's Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
Regular Gifts of Money	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
Cash from family or friends	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	
Any other types of income	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	

**If you marked yes to any of the previous questions please complete the information below for each 'yes' answer:**

Household Member #:			
Type of Income:			
Wage Per Hour:			
Gross Monthly Amount:			
Gross Annual Amount:			

**ASSET INFORMATION:****DO YOU OR ANY HOUSEHOLD MEMBER HAVE ANY OF THE FOLLOWING ASSETS?**

Cash on Hand	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checking Account	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Savings Account	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CD's	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stocks or Bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Real Estate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vehicle	Yes <input type="checkbox"/>	No <input type="checkbox"/> If Yes, drivers license #: _____
Other Assets not listed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you marked yes to any of the previous questions please complete the information below for each 'yes' answer:**

Household Member #:				
Type of Asset:				
Location of Asset:				
Value of Asset:				

**HAVE YOU OR ANY HOUSHOLD MEMBER DISPOSED OF ANY ASSETS IN THE LAST TWO YEARS?**

- ☐ YES Member # \_\_\_\_\_ Value of asset: \$ \_\_\_\_\_ Amount received for asset: \$ \_\_\_\_\_
- ☐ NO

**EXPENSE INFORMATION:****DID YOU OR ANY FAMILY MEMBER INCUR ANY OF THE FOLLOWING EXPENSES IN THE LAST TWELVE MONTHS? (Medical expenses are for those that are elderly and/or disabled)**

Health Insurance Premiums	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medicines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dr/Dental/Eye/Hearing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spendown (paid out of pocket)	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, Caseworker: _____
Other Medical Expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, Specify: _____
Unreimbursed Child Care	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, Name & Phone Number of Provider: _____

**If you marked yes to any of the previous questions please complete the information below for each 'yes' answer:**

Member Number:				
Type of Expense:				
Monthly Amount:				
Provider Name:				



**UNIT PREFERENCES**

**THE MARCELINE HOUSING AUTHORITY USES THE FOLLOWING PREFERENCES, PLEASE CHECK THOSE THAT APPLY AND TO WHICH FAMILY MEMBER:**

**(VERIFICATION MUST BE PROVIDED AT THE TIME THE APPLICATION IS SUBMITTED)**

- |  |                |
|--|----------------|
| <input type="checkbox"/> ELDERLY (62 YEARS OR OLDER)       | MEMBER # _____ |
| <input type="checkbox"/> DISABLED                          | MEMBER # _____ |
| <input type="checkbox"/> WORKING (AT LEAST 30 HRS/WEEK)    | MEMBER # _____ |
| <input type="checkbox"/> NEAR ELDERLY (50 TO 61 YEARS OLD) | MEMBER # _____ |

**THE MARCELINE HOUSING AUTHORITY OFFERS UNITS AT THE FOLLOWING LOCATIONS AND OF THE FOLLOWING SIZE PLEASE CHECK THOSE WHICH YOU ARE APPLYING FOR:**

**(ELIGIBILITY IS LIMITED TO NUMBER IN HOUSEHOLD)**

- |   |   |
|---|---|
| <input type="checkbox"/> CEDARBROOKE SQUARE     | (STUDIO, ONE BEDROOM/CONVERSION UNITS & TWO-BEDROOMS) |
| <input type="checkbox"/> SUNSET HILL            | (ONE-BEDROOM UNITS)                                   |
| <input type="checkbox"/> FAMILY OFFSITE         | (TWO AND THREE BEDROOM UNITS)                         |
|   |   |
| <input type="checkbox"/> STUDIO                 |   |
| <input type="checkbox"/> ONE BEDROOM/CONVERSION |   |
| <input type="checkbox"/> TWO BEDROOM            |   |
| <input type="checkbox"/> THREE BEDROOM          |   |

**CERTIFICATION & RELEASE**

**I (WE) CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR HOUSING ASSISTANCE IS FULL, TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) UNDERSTAND THAT FALSE/MISLEADING STATEMENTS OR FALSE/MISLEADING INFORMATION IS GROUNDS FOR DENIAL OR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY. I (WE) FURTHER STATE WE FULLY UNDERSTAND THAT TO OBTAIN OR ATTEMPT TO OBTAIN HOUSING ASSISTANCE BY COMMITTING FRAUD IS A CRIMINAL OFFENSE UNDER BOTH FEDERAL AND STATE LAW. I (WE) HEREBY AUTHORIZE THE MARCELINE HOUSING AUTHORITY TO MAKE ANY AND ALL NECESSARY INQUIRIES FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE ON THIS APPLICATION.**

**PLEASE PROVIDE THE OFFICE WITH A COPY OF ALL FAMILY MEMBERS SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES WHEN YOU SUBMIT THIS APPLICATION**

_____ SIGNATURE (HEAD OF HOUSEHOLD)	_____ DATE
_____ SIGNATURE (SPOUSE OR OTHER ADULT)	_____ DATE
_____ SIGNATURE (OTHER ADULT)	_____ DATE

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE MARCELINE HOUSING AUTHORITY IN WRITING OF CHANGES IN ANY INFORMATION LISTED ON THIS APPLICATION ESPECIALLY ADDRESS OR PHONE NUMBER.**

**ANY ADDITIONAL INFORMATION YOU FEEL NECESSARY TO EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE**

<b>APPLICATION RECEIVED:</b> _____	_____	_____
	<b>DATE</b>	<b>SIGNATURE</b>

<b>ELIGIBLE:</b> _____	<b>DENIED:</b> _____
_____	_____
_____	_____

<b>UNIT OFFERED #1:</b> _____	<b>ACCEPTED:</b> _____
<b>OFFER DATE:</b> _____	<b>REJECTED:</b> _____

<b>UNIT OFFERED #2:</b> _____	<b>ACCEPTED:</b> _____
<b>OFFER DATE:</b> _____	<b>REJECTED:</b> _____



# APPLYING FOR HUD HOUSING ASSISTANCE?

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

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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

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

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

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

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

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

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

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



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

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: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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	<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: _____
<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	<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: _____		
<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.

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**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.



# Authorization for the Release of Information/ Privacy Act Notice

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

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

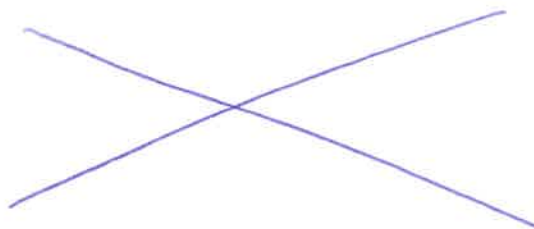
OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

Marceline Housing Authority  
P.O. Box 127, 229 W. Hauser  
Marceline, MO 64658

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



**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

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

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

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

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

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

## Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

## APPLICANT/TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies listed in the categories listed below to release without liability, information regarding employment, income, assets, and/or deductible expenses to Marceline Housing Authority for the purpose of verifying information in regard to my/our rental application.

### Information covered:

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to eligibility for and/or continued participation as a Tenant.

### Groups or individuals that may be asked:

The groups or individuals listed below may be asked to provide information but is not limited to:

Past, Present or Future Employers	Veterans Administration
Landlords	State Unemployment Agencies
Public Housing Agencies	Banks and other Financial Institutions
Child Support and Alimony Providers	Social Security Administration
Insurance Companies/Providers	Pharmacies
Medical & Dental Providers	Utility Companies
Welfare Agencies	Retirement Systems
Educational Institutions	Child Care Providers

### Conditions:

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

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**Marceline Housing Authority**  
229 W. Hauser, P.O. Box 127  
Marceline, MO 64658  
Phone: 660-376-3101 Fax: 660-376-2633

**FEDERAL PRIVACY ACT NOTICE**

**PURPOSE:** Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

**USE:** HUD Uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to the 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 public housing agency/Indian housing authority, including all social security numbers you, and all other household members are six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

**AUTHORITY FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U. S. C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U. S. C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

**APPLICANT(S)'S / TENANT(S)'S STATEMENT**

I/We certify that the information given to the Missouri Housing Consortium on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I/We understand that any and all changes in family composition or income are to be reported to the housing authority immediately.

X \_\_\_\_\_  
*Signature Head of Household* *Date*

X \_\_\_\_\_  
*Signature of Spouse* *Date*

## Marceline Housing Authority

229 W. Hauser St., P.O. Box 127  
Marceline, MO 64658  
Phone: 660-376-3101 Fax: 660-376-2633

### DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

#### NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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

- ☐ ( ) I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ☐ ( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
  - ☐ ( ) Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - ☐ ( ) Permanent residence under §249 of INA 4/; or
  - ☐ ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - ☐ ( ) Parole status under §§212(d)(5) of the INA 6/; or
  - ☐ ( ) Threat to life or freedom under §243(h) of the INA 7/; or
  - ☐ ( ) Amnesty under §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

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

FOR HA ONLY: INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_



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  - ☐ ( ) Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - ☐ ( ) Permanent residence under §249 of INA 4/; or
  - ☐ ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - ☐ ( ) Parole status under §§212(d)(5) of the INA 6/; or
  - ☐ ( ) Threat to life or freedom under §243(h) of the INA 7/; or
  - ☐ ( ) Amnesty under §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

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

FOR HA ONLY: INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

**1/ Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.