

## VERNON PARISH HOUSING AUTHORITY

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Leesville, LA 71496-1247  
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www.VernonParishHousingAuthority.com

### APPLICANT INFORMATION

**\*\*\*\*IMPORTANT\*\*\*\*** Applications are **ONLY** accepted on **TUESDAYS** from 8:00am-1:30pm.  
You must bring the following items with you in order for us to accept your application

1. PHOTO ID FOR ALL MEMBERS OF HOUSEHOLD OVER 18 YEARS OF AGE
2. ALL BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR EACH PERSON ON APPLICATION
3. WE NEED 3 (THREE) CURRENT MONTHS OF BANK STATEMENTS FOR ALL ACCOUNTS CHECKING OR SAVINGS
4. PROOF OF ALL INCOME...(6) CURRENT PAY STUBS INS POSSIBLE, PROOF OF CHILD SUPPORT, UNEMPLOYMENT, SOCIAL SECURITY, ETC.

**\*\*\*\*ALL INFORMATION MUST BE CURRENT WITHIN 60 DAYS OF DATE TURNING IN APPLICATION. YOU MUST APPLY IN PERSON!!!**

After your application is carefully reviewed, criminal background history and landlord verification received, your application will be processed. Once your application is processed which can take anywhere from 2-3 weeks depending on how quick we receive your criminal background history you will be placed on our waiting list. Once you have been placed on our waiting list you will be sent a letter to the address on your application advising you of such and your approximate waiting time. If you are determined to be ineligible you will also receive a letter from us and an explanation.

When your name comes up on the waiting list and a apartment or S-8 voucher is available to you (this depends on what program you applied for) we will contact you by telephone. If we can't reach you by telephone we will send you a letter to the address on your application.

**FAILURE TO RESPOND TO OUR LETTER OR TELEPHONE CALL WITHIN (7) SEVEN DAYS, WILL RESULT IN YOU BEING REMOVED FROM OUR LIST. YOU WILL ALSO HAVE (7) SEVEN DAYS FROM THE DATE THE HOUSING AUTHORITY CONTACTS YOU TO PAY THE DEPOSIT FOR YOUR APARTMENT.**

**\*\*IT IS THE APPLICANTS RESPONSIBILITY TO KEEP US INFORMED OF ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER**

**THIS SECTION FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

**APPLICATION FOR ADMISSION**  
 VERNON PARISH HOUSING AUTHORITY

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understand this document we will provide assistance. You must notify this office to arrange for assistance.

**THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER.** Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

**Complete this form in your own handwriting in ink.** Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave blank any section of the application. If that section does not apply to you, write N/A. Returned completed application must be accompanied with a valid state issued photo ID (Age 18 & over), Social Security cards and Birth Certificates of all persons listed on the application, to be accepted.

**1. APPLICANT INFORMATION:**

Name of Head of Household: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Name of Relative: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**II. HOUSEHOLD COMPOSITION:**

- Race of Head of Household (check one)
  - White
  - Black/African American
  - American Indian/Alaskan Native
  - Asian
  - Native Hawaiian/Other pacific Islander
- Ethnicity (check one)  
 Hispanic or Latino  
 Not Hispanic or Latino

| Adults (age 18 & over) | MI | Relation to Head | Sex M/F | Social Security Number | Elderly/Disabled | Date of Birth | Race |
|------------------------|----|------------------|---------|------------------------|------------------|---------------|------|
| Last, First            |    | HEAD             |         |                        |                  |               |      |
|                        |    |                  |         |                        |                  |               |      |
|                        |    |                  |         |                        |                  |               |      |

| Children (under age 18) | MI | Sex M/F | Social Security Number | Date of Birth | Race | Name & Address of Absent Parent (not living with child) |
|-------------------------|----|---------|------------------------|---------------|------|---|
| Last, First             |    |         |                        |               |      |   |
|                         |    |         |                        |               |      |   |
|                         |    |         |                        |               |      |   |

Does anyone in your household require special accommodation due to a disability? \_\_\_\_\_  
 If yes, specify requirements: \_\_\_\_\_

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household members in order for them or another family member to work? \_\_\_\_\_ If yes, itemize: \_\_\_\_\_

**III. TOTAL HOUSEHOLD INCOME:**

List all money earned or received by **everyone** living in the household. This includes but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker's Compensation, Unemployment benefits, retirement benefits, TANF, Veteran's benefits, alimony, babysitting, rental property income. Income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

| Name of Household Member Who Receives Income | Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc) | How Often? (Monthly, Weekly, Bi-weekly) | Gross Income (Cash or Check before deductions) | List any changes anticipated |
|--|---|---|--|------------------------------|
|  |   |   |  |                              |
|  |   |   |  |                              |
|  |   |   |  |                              |

Is the Head of Household or Spouse of the Head of Household in the Armed Services? \_\_\_\_\_

Does anyone help you pay bills regularly? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, who? \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_

**IV. ASSETS**

Do any household members have or receive income from assets: (check all that apply)

- Real Estate
- Stocks/Bonds
- Savings Accounts
- Company Retirement
- Pension Fund
- Insurance Settlements
- Certificate of Deposit
- Trusts
- Checking Account
- Other: \_\_\_\_\_

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? \_\_\_\_\_  
 If yes, what? \_\_\_\_\_ What was its' market value \_\_\_\_\_

How much did you actually receive \_\_\_\_\_

**V. CHILDCARE AND MEDICAL INFORMATION**

Do you pay for Child Care for children age 12 or younger while you work or attend school? \_\_\_\_\_

If yes, Name of Child Care Provider: \_\_\_\_\_ How much per month? \_\_\_\_\_

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and over-the-counter medications) Back-up info required.

| Medical Expense | Yearly Total | Medical Expense | Yearly Total |
|-----------------|--------------|-----------------|--------------|
|                 |              |                 |              |
|                 |              |                 |              |
|                 |              |                 |              |

**VI. GENERAL INFORMATION**

Current Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you or any household member ever lived in public housing or received housing assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, under whose name? \_\_\_\_\_

Where? \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_ How much \_\_\_\_\_

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, with whom? \_\_\_\_\_ How much? \_\_\_\_\_

Have you or any household member ever used any other name or social security number than the one used on this application? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, List \_\_\_\_\_

Are you or any household member required to report to a probation or parole officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any household member ever been arrested for drug or alcohol related activity, or any criminal activity other than simple traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name of household member \_\_\_\_\_

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do You own a vehicle(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # \_\_\_\_\_

# APPLICANT/TENANT CERTIFICATION

All family members age 18 and over should review the information listed on this application and **MUST** sign below.

I/We do hereby attest that all the information\* given to the Housing Authority of VERNON PARISH 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 I/We must report any changes in income, assets, family composition, or address to the Housing Authority with 14 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

\*After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Act Notice, HUD-9888.

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-424-8590 or local Fair Housing hot line at 1-800-739-3611.*

Attachments:

HUD Form 9886  
HUD Form 92006  
HUD Form 52675  
214 status  
VPHA-EMPLOYMENT VERIFICATION  
VPHA-LANDLORD VERIFICATION  
VPHA-LPD CRIMINAL HISTORY FORM  
VPHA-VPSO CRIMINAL HISTORY FORM

## 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. 10/1/2014

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 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(i)(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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member over age 18

Date

\_\_\_\_\_  
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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
| <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>  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 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. |  |
| <b>Signature of Applicant</b>  |  |
| <b>Date</b>  |  |

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.





## 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, 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:**

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

|                     |             |
|---------------------|-------------|
| <b>Signature</b>    | <b>Date</b> |
| <b>Printed Name</b> |             |

**APPENDIX C. MODEL DECLARATION OF SECTION 214 STATUS**

**\*\*Notice to applicants and tenants. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration Statement carefully and sign and return it to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.**

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

\_\_\_\_\_ I am a citizen by birth, a naturalized citizen or a national of the United States

\_\_\_\_\_ I have eligible immigration status and I am 62 years of age or older. Attach proof of age.

\_\_\_\_\_ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_ Immigrant status under 101 (a)(15) or 101 (a)(20) of the immigration and Nationality Act (INA) or

\_\_\_\_\_ Permanent residence under 2-19 of INA

\_\_\_\_\_ Refugee, asylum, or conditional entry status under 207, 208, or 209 of the INA

\_\_\_\_\_ Parole status under 212 (d) (5) of the INA

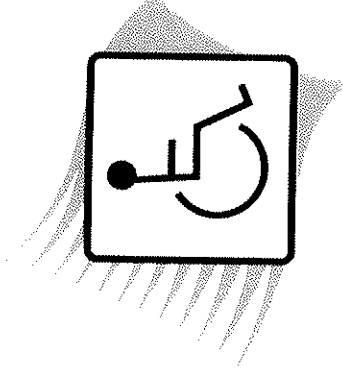
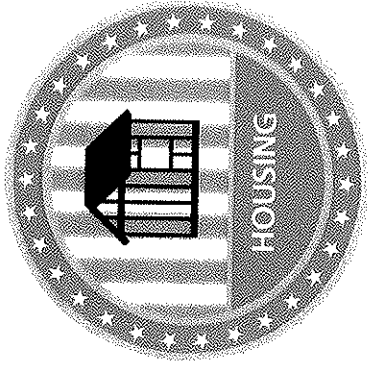
\_\_\_\_\_ Threat to life or freedom under 243(h) of the INA

\_\_\_\_\_ Amnesty under 245A of the INA.

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.**

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date \_\_\_\_\_



# VERNON PARISH HOUSING AUTHORITY

PO Box 1247, 117 Savannah Circle  
Leesville, LA 71496-1247  
Telephone: (337)537-0339, Fax: (337)535-9325

Lori Lee Wilson, PHM Executive Director  
vpousel@hotmail.com  
www.VernonParishHousingAuthority.com

## REQUEST FOR VERIFICATION OF EMPLOYMENT INCOME

Employer Name & Address \_\_\_\_\_

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

Attn: PERSONNEL DEPARTMENT

RE: \_\_\_\_\_ (employee name) \_\_\_\_\_ (social security no.)

The above named person is applying for, or participating in a federally assisted housing program operated by the Vernon Parish Housing Authority. Written verification of Income is required in order to determine eligibility and the amount of rent that he/she is to pay. Your prompt return of this form will be greatly appreciated.

**HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED DIRECTLY TO THE VERNON PARISH HOUSING AUTHORITY.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

.....

Verification of Employment Income (Please complete whether currently employed or not)

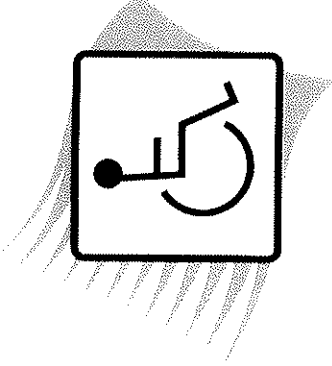
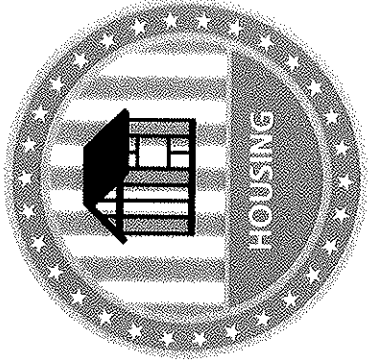
1. Date employment began: \_\_\_\_\_ Occupation: \_\_\_\_\_
2. Date employment terminated: \_\_\_\_\_ Reason: \_\_\_\_\_
3. GROSS pay: \$ \_\_\_\_\_ per ( ) hour ( ) day ( ) week ( ) month ( ) year
4. Date present rate effective: \_\_\_\_\_
5. Average hours per week at base rate: \_\_\_\_\_
6. Average weeks per year at base rate: \_\_\_\_\_
7. Is employee eligible for BONUS or TIPS? \_\_\_\_\_ If YES how much? \_\_\_\_\_
8. Is employee eligible for OVERTIME? \_\_\_\_\_ If YES how much and how often? \_\_\_\_\_

FORM COMPLETED BY: (Name & Title) \_\_\_\_\_

COMPANY NAME AND ADDRESS: \_\_\_\_\_

COMPANY TELEPHONE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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## CURRENT OR PREVIOUS LANDLORD VERIFICATION

Landlord Name & Address \_\_\_\_\_

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

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

The above named applicant has applied for assistance from the Vernon Parish Housing Authority. We are requesting information that relates to the quality of their residency while renting from you. Please answer the following questions and return this statement as soon as possible. ALL REPLIES WILL BE KEPT CONFIDENTIAL EXCEPT ON THE REQUEST OF THE APPLICANT.

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED DIRECTLY TO THE VERNON PARISH HOUSING AUTHORITY.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
.....

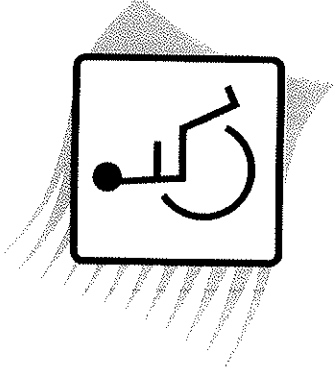
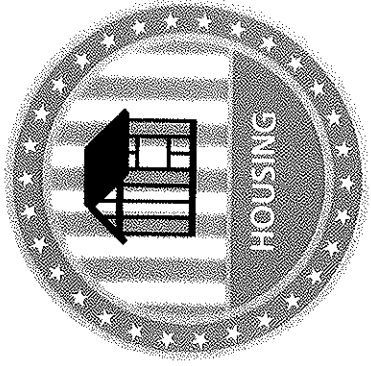
### Current or Previous Landlord Verification

1. Dwelling Address: \_\_\_\_\_
2. Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_
3. How Much Rent did Tenant Pay? \_\_\_\_\_ Was Rent paid on time? \_\_\_\_\_
4. If Rent was late how many days and how often? \_\_\_\_\_
5. Did Tenant have Housekeeping Issues? \_\_\_\_\_
6. Did Tenant have Disturbances or other Issues? \_\_\_\_\_
7. Did Tenant move with Proper Notice? \_\_\_\_\_
8. Does Tenant owe you a balance? \_\_\_\_\_ If YES HOW MUCH? \_\_\_\_\_
9. Would you RENT to this Tenant again? \_\_\_\_\_ If NO, WHY? \_\_\_\_\_

FORM COMPLETED BY: (Name & Title ) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE: \_\_\_\_\_

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



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## Leesville Police Department

### Public Housing Authority Criminal History Request Form

#### Request Record Check:

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

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

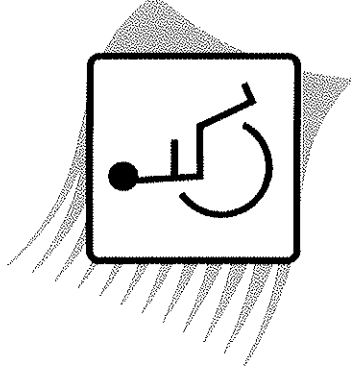
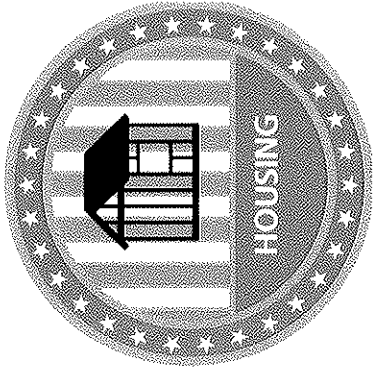
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

CRIMINAL HISTORY RESPONSE: Record Attached:

No Record:



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## Vernon Parish Sheriff's Department

### Public Housing Authority Criminal History Request Form

#### Request Record Check:

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

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

CRIMINAL HISTORY RESPONSE: Probable existence

Nonexistence

The PHA will use the results of the OH response as a factor in deciding if a fingerprint-based search of criminal history records should be requested. Only with the submission of the fingerprints can a positive identification be made and a record provided, if such a records exists. Therefore, the result of the OH should not be used as the basis for disqualification, lease enforcement or eviction.

#### LOCAL ONLY VPSO RECORD CHECK ONLY ON ABOVE LISTED PERSON:

Record Attached :

No Record: