

MHA Housing Re-Exam Application

Re-Exam

Felicia Warren






23



Office: 706.846.9428
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522 Martin Luther King Jr. Drive • P.O. Box 110
Manchester, GA 31816 • mha1@manchesterhousingGA.org

ManchesterHousingGA.org   

Authority for Release of Information

U.S. Department of Housing and Urban Development
Office of Inspector General

To Whom It May Concern:

I hereby authorize any Investigator or duly accredited representative of the U.S. Department of Housing and Urban Development bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary and arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties of the Department as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (Full Name) _____

Full Name (Printed) _____

Other Names Used _____

Parent or Guardian (If required) _____

Date _____

Current Address _____

Telephone Number _____

Privacy Act Notice

Authority for Collecting Information

E.G. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301.

Purposes and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and (3) security clearance or access. The information obtained may be furnished to third parties of the Department as necessary in the fulfillment of official responsibilities,

Effects of Nondisclosures

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.
form HDD-1453 (4/78)



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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.



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Bank

TO: _____

DATE: _____
 RE: _____
 Address: _____
 S. S # : _____

The person named above has asked that you verify the following information for this office:

Account Number	Balance of Account	of Interest	Interest earned to date	Interest paid quarterly	Interest paid monthl
Regular Savings					
Checking					
Certificate					
Treasury Bill					
Market Access					
IRA					
Social Security					
S.S.I.					
Any other accounts					



We will appreciate your supplying this information which will be kept confidential.
 Authority to release information:

SIGNATURE OF RESIDENT M.H.A. Use Only: Dale Received _____ By _____	Firm _____
	Signature _____
	Address _____
	Phone _____
	Date _____



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EMPLOYMENT INQUIRY

_____ DATE: _____
RE: _____
APT #: _____
SOCIAL SECURITY # _____

In order to determine the eligibility of all families housed in the Low Rent Housing required by law to verify the income of the family. Both your employee and this Office will appreciate you supplying the following information, which will be kept confidential.

Signature of Employee

Housing Authority Representative

THIS FORM MUST BE COMPLETED BY EMPLOYER IN INK OR TYPED

Date employed by you _____ Occupation _____

Regular hours worked per week _____ Average hours overtime per week _____

Present gross rate of pay is \$ _____ per _____

Gross Amount earned during past calendar year _____ is \$ _____

Or if employed less than one (1) year, Gross total earned \$ _____

Additional information or explanation _____

Date _____

M.H.A. USE ONLY:

Firm _____

Date Received _____

Phone _____

By: _____

Signature _____



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I hereby request that I be exempt from the required community service requirement of the Quality Housing and Work Responsibility Act of 1998.

I request this exemption for the following reason:

(Check one or more that apply to you)

I am over the age of 62.

I am currently employed at least 20 hours per week in a work activity for which I am paid.

I am blind or disabled or I am a primary care giver for someone who is blind or disabled, and I am prevented from working.

(Documentation to verify disability is required).

I am exempt from work activity under Part A, Title IV of the Social Security Act.

I receive assistance, benefits, or services from the Department of Family and Children Services and comply with that program. (Welfare to Work Program).

(Documentation to verify compliance with job training).

Resident's Signature: _____ Date: _____

NOTE: THIS FORM MUST BE COMPLETED BY ALL ADULT PUBLIC HOUSING RESIDENTS OVER THE AGE OF 18.

Approved by: _____ Date: _____



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NOTICE OF FAMILY CHOICE OF RENTAL PAYMENT

TENANT _____

This is to advise you that in accordance with the terms of your lease and HUD Regulations require that you are informed of your choice of rent calculation. A Public Housing family shall annually choose between two types of Rents. A Flat Rent or an Income Based Rent. Please select your preferred method of rent calculation below:

Please select your preferred method of rent calculation below:

_____ My choice is the INCOME BASED RENT (30%) method of rent calculation. My RENT will be _____. INCOME BASED RENTS are provided Utility Allowance Subsidies.

_____ My Choice is the Flat Rent method of rent calculations. My rent will be _____, and I understand that if I experience a hardship, I may switch from paying flat rent to income based rent in accordance with 24 CFR 960.253. Flat rents do not include utility allowance subsidy.

DEVELOPMENTS	BEDROOM SIZE				
	1BR	2BR	2BR TH	3BR	4BR
GA 108-1 (Hilltop)	\$356.00	\$488.00	\$396.00	\$447.00	\$657.00
GA 108-2 (Lakeview)					

Tenant Signature _____

Date _____



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NON SUPPORT

TO WHOM IT MAY CONCERN:

Re: _____ Apt. No _____

_____ being duly sworn she is/was

Separated from _____ Divorced from _____ And does receive

\$ _____ per _____ support from the father(s) of my children Does not receive

\$ _____.

Child's Name	Father	Support	Address of Father

The above support from _____ is/ is not sent to child Support Recovery Unit. If I should start to receive any income from the above named individual I will report it to the rental office at once.

Subscribed & Sworn to Before Me

This ___ Day Of _____ 20___ _____

Signature of Tenant

Notary Public In & For the State of Georgia




My Commission Expires on _____, 20_____



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APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Manchester Housing Authority on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information is punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Manchester Housing Authority within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Manchester Housing Authority within ten (10) days of the change. Further, no one is permitted to move into my unit without prior written approval of the Manchester Housing Authority. I understand that any attempt to obtain Public Housing, rent subsidy, or rent reduction by false information, impersonation, failure to disclose, or other fraud, is a crime under Title 18, Section 1001 of the United States Code.

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

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other Family
Member over age 18: _____ Date: _____

Signature of Other Family
Member over age 18: _____ Date: _____

DO NOT WRITE IN THIS SPACE – FOR PHA USE ONLY:

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of PHA Representative _____ Date: _____



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CONFIDENTIAL DAYCARE INQUIRY

CONFIDENTIAL DAYCARE INQUIRY

DATE _____

Tenant _____

S.S. # _____

Address _____

In order to determine the eligibility of all families housed in the Low Rent Housing Required by law to verify the child care paid by the family. Both your parents and this Office will appreciate your supplying the following information, which will be kept confidential.

Resident's Signature

Housing Authority Official's

THIS FORM MUST BE COMPLETED BY THE CARE PROVIDER IN INK OR TYPED

1. Child Name that Care is provided for (Child #1) _____ (Child #2) _____ (Child #3) _____

2. Arrival Time child attends your facility (Child #1) _____ (Child #2) _____ (Child #3) _____

3. Child Departure Time from your facility (Child #1) _____ (Child #2) _____ (Child #3) _____

4. Child Care Cost per week (Child #1) _____ (Child #2) _____ (Child #3) _____

5. How is childcare cost paid (Money Order, Cash, Check) _____

6. What Days of the week is Child Care provided ? _____

7. Does your Day Care Facility have a Business License _____

8. Day Care Provider's Phone Number _____

9. Do you file a 1099 with Internal Revenue Service _____

When you sign this certification forms, You are committing fraud if you sign a form knowing that contains false or misleading information. Information you give on your application varied by your housing agency. In addition HUD may do computer match of the information you report with various, Federal, State, or private agencies to verify that it is correct.

Day Care Provider's Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____



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TENANT STATEMENT# 2

Date _____

Time _____

RE _____

Apt.# _____

TO WHOM THIS MAY CONCERN:

THIS IS TO CERTIFY THAT : I _____

1. Report all income changes.
2. Report if someone move into my home.
3. Pay my rent on time.
4. Keep my apartment clean, tidy, and in the same condition as move in.
5. I will not disturb my neighbors.
6. All apartment windows must have curtains or blinds. NO BED SHEETS.
7. 1 STRIKE AND YOUR OUT POLICY.
8. NO DRUGS ON, OFF, OR NEAR THE PREMISES.
9. Tenant is responsible for keeping his or her front and backyard clean. 1st and 2nd offense, a Written Warning. The 3rd Offense a \$10.00 Fine .
10. Tenant will have outdoor furniture and well kept plants on front porch.
11. Tenant will report all maintenance problems immediately 706-846-9428.

I am aware that repeated violations of my lease can and will result in eviction. I am aware that if I or a member of my household is caught with, using, selling, and manufacturing drugs this will result in eviction without a grievance.

Signature of Tenant

Signature of other household member



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TENANT POLICY RECEIPT ACKNOWLEDGMENT:

TENANT POLICY RECEIPT ACKNOWLEDGEMENT: form letter to be signed by tenant to indicate he/she has received the following:

- Continued Occupancy Application / Lease
- Notice of Rent Adjustment
- Maintenance Charges
- Tenant Statements
- Family Choice of Rent
- Utility Allowance Schedule
- EIV authorization
- Community Service documents and Policy.

I have received my copies of the *above Policies*, It is my responsibility to read and understand the matters set forth in these policies. It is a guide to the Manchester Housing Authority policies and procedures.

Head of Household

Date

Other Adult

Other Adult

Representative Manchester Housing Authority



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Permission to Use Photograph

I grant to the **Manchester Housing Authority** the right to take photographs of me and my household in connection with any identified event. I authorize the **MHA**, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the **MHA** may use such photographs of me and my household with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Head of Household Signature: _____

HoHh Printed Name: _____

Housing Authority Representative: _____

Date: _____



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Hilltop / Lakeview Communities

I, _____, acknowledge I received a copy of Manchester Housing Authority's No Smoking Policy and the fact that it has been explained to me. I have read the policy and understand that the violation of the policy can lead to my family and I eviction from the property.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Contact Information

Head of Household: _____

Cell Phone: _____ House Phone: _____

Email: _____

Other: _____

Other Member 18+: _____

Cell Phone: _____

Email: _____

Other: _____

Other Member 18+: _____

Cell Phone: _____

Email: _____

Other: _____

Portal Log-In Credentials

Username:

Password:

Email:

Security Question: _____ Security Answer:

