

## Application for Public Housing

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### Important Information

Please read the following carefully before completing the application form.

**If you or anyone in your family is person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.**

- The application must be completed in the handwriting of the head of household. Incomplete application will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak, or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as: "What is your telephone number?" and you do not have a telephone, write "none".
- All yes/no questions *must* be checked to indicate whether your response is a "yes" or "no".
- If there is not enough space to answer a particular question or to provide an additional explanation that you want to make, please feel free to attach one or more pages to the application.
- Where indicated on this form, the questions apply to all members of the family on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex offender registration checks on all adult household members, including live-in aides.

#### **To qualify for Public Housing an applicant must:**

- Be a family as defined in the Housing Agency's Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status.
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA's office.
- Provide documentation of Social Security number for all household members except noncontending persons.
- Pay and money owed to the PHA or any other housing authority
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms so the PHA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

#### **Americans with Disabilities Act**

**We need your help to ensure all our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services or activities please let us know.**

# Waiting List Placement

Please mark which site(s) you are interested in (if qualified):

\_\_\_\_\_ Washington Street --- Elderly/Disabled 1 bedroom

\_\_\_\_\_ Lincoln Manor ----- Elderly/Disabled  
\_\_\_\_\_ 0 bdrm. \_\_\_\_\_ 1 bdrm.

\_\_\_\_\_ High Rise ----- Elderly/Disabled/Working adults  
\_\_\_\_\_ 0 bdrm. \_\_\_\_\_ 1 bdrm.

\_\_\_\_\_ John F. Kennedy----- Family Units  
\_\_\_\_\_ 1 bdrm. \_\_\_\_\_ 2 bdrm. \_\_\_\_\_ 3bdrm \_\_\_\_\_ 4bdrm

\_\_\_\_\_ Lepha Mackey----- Family Units  
\_\_\_\_\_ 2 bdrm. \_\_\_\_\_ 3 bdrm.



Housing Assistance Application/ Personal Declaration

19) Have you or any household member ever received any type of housing assistance? (Yes/No) \_\_\_\_\_

If yes, provide: Household Member Name: \_\_\_\_\_

Public/ Assisted Housing Agency Name: \_\_\_\_\_

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

What year(s)? \_\_\_\_\_ Who was the Head of Household? \_\_\_\_\_

20) Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No) \_\_\_\_\_

If yes, amount \$ \_\_\_\_\_

Name of Public/Assisted Housing Agency \_\_\_\_\_

Address of Agency \_\_\_\_\_

21) Have you ever used a name other than the one you are using now? (Yes/No) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

22) Have you ever used a social security number other than the one you listed on page 1 of this form?  
(Yes/No) \_\_\_\_\_

If yes, what is the other number? \_\_\_\_\_

23) **LIST ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT.**

Member Number	Member's Full Legal Name	Relation to Head	Birth Date	Age	Sex (M/F)	Social Security Number	Occupation or school name	U.S. Citizen Yes/No
Head (1)								
2								
3								
4								
5								
6								
7								
8								

If there are any additional household members check here \_\_\_\_\_ and attach a separate page with application.

Housing Assistance Application/Personal Declaration

24) Has anyone who will live in the home previously lived in a state other than this state? (Yes/No) \_\_\_\_\_  
 If yes, which family member(s)?

Family member \_\_\_\_\_ State lived \_\_\_\_\_

Family member \_\_\_\_\_ State lived \_\_\_\_\_

25) Does anyone other than an adult who will live in the home, share custody of any of the children listed? (Yes/No) \_\_\_\_\_

If yes, who? \_\_\_\_\_

26) Is anyone who will reside in the home currently married? (Yes/No) \_\_\_\_\_

If yes, who? \_\_\_\_\_

27) Are any family members temporarily absent from the home? (Yes/No) \_\_\_\_\_

If yes, who? \_\_\_\_\_

28) Full time students: List the household member name, school name, address and telephone number of all household members who are attending school full-time:

<b>A. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone #:	
<b>B. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone #:	
<b>C. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone #:	
<b>D. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone #:	

Housing Assistance Application/Personal Declaration

29) For all household members that are not United States citizens, provide the following information:

<b>A. Name of Household Member:</b>	
Alien Registration#:	
<b>B. Name of Household Member:</b>	
Alien Registration#:	
<b>C. Name of Household Member:</b>	
Alien Registration#:	
<b>D. Name of Household Member:</b>	
Alien Registration#:	

**Part A: INCOME INFORMATION**

(This part applies to all household members, including minors.)

1. Work full time, part-time, or seasonally – including wages, tips, bonuses, money for services?  
 (Yes/No) \_\_\_\_\_ If yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number

2. Any household member work for someone who pays cash? (Yes/No) \_\_\_\_\_  
 If yes, please provide the following information:

Name of Household Member	Employer Name/ Address	Employer Telephone Number
a.		
b.		

3. Does any household member receive unemployment benefits, workers compensation, or severance pay? (Yes/No) \_\_\_\_\_ If yes. Please provide:

Household Members Name: \_\_\_\_\_  
 Type of Benefit: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Employer Name and Address: \_\_\_\_\_  
 \_\_\_\_\_

Housing Assistance Application/ Personal Declaration

4. Does any household member receive child support from the child support recovery unit?  
(Yes/No) \_\_\_\_\_

If yes, please provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a)		\$
b)		\$
c)		\$
d)		\$

5. Does any household member receive child support directly from the absent parent?  
(Yes/No) \_\_\_\_\_ If yes, please provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a)		\$
b)		\$
c)		\$
d)		\$

6. Does any household member receive alimony? (Yes/No) \_\_\_\_\_ If yes, please provide:

Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Former Spouse Name: \_\_\_\_\_

7. Does any household member receive public assistance (TANF)? (Yes/No) \_\_\_\_\_

If yes, please provide:  
Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

8. Does any household member receive Social Security or SSI benefits? (Yes/No) \_\_\_\_\_

If yes, attach a copy of the award letter to this application and provide:  
Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Social Security number benefits are received under: \_\_\_\_\_

9. Does any household member receive income from a pension or annuity? (Yes/No) \_\_\_\_\_

If yes, please provide:  
Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Type of Pension/Annuity: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Address of Pension/Annuity: \_\_\_\_\_

Housing Assistance Application/ Personal Declaration

10. Does any household member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No) \_\_\_\_\_ If yes, please provide:

Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name and Address of Contributing Organization or Individual: \_\_\_\_\_

11. Does any household member receive income from assets including interest on checking or saving accounts, interest and dividends from certificates or deposits, stocks or bonds, or income from rental property? (Yes/No) \_\_\_\_\_ If yes, please provide:

Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type of asset: \_\_\_\_\_ Amount of Income/Interest received: \$ \_\_\_\_\_

12. Do any household members own a business or are self- employed? (Yes/No) \_\_\_\_\_

If yes, please provide:

Household member name: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

13. Does any household member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) \_\_\_\_\_ If yes, please provide:

Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source of Pay/Allotment: \_\_\_\_\_

14. Does any household member receive money to pay bills from someone outside of the household? (Yes/No) \_\_\_\_\_ If yes, please provide:

Household member name \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name and address of party paying the bills: \_\_\_\_\_

**PART B: ASSETS**

1. Does a household member own or have an interest in any property (real estate, mobile home and/or land)? (Yes/No) \_\_\_\_\_ If yes, please provide:

Household member name: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Real estate address: \_\_\_\_\_

2. Has any household member sold or given away property (real estate, mobile home and/or land) in the last two years? (Yes/No) \_\_\_\_\_ If yes, please describe below:

\_\_\_\_\_

3. Does any household member own any stocks or bonds? (Yes/No) \_\_\_\_\_ If yes, please describe: \_\_\_\_\_



Housing Assistance Application/ Personal Declaration

4. Does any household member have any savings certificates, money market funds or trust funds?  
(Yes/No) \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
5. Does any household member have any type of retirement account (Company, IRA, Keogh)?  
(Yes/No) \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
6. Does any household member have any inheritances, lottery winnings, or lump sum payments?  
(Yes/No) \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
7. Does any household member have any life insurance policies? (Yes/No) \_\_\_\_\_  
If yes, please provide below:

Name of household member	Insurance Agency name/ address	Policy Number	Amount/ Value
a.			\$
b.			\$
c.			\$
d.			\$

**PART C: EXPENSES**

1. Does any household member have expenses for child support of a child 12 or younger?  
(Yes/No) \_\_\_\_\_ If yes, please provide:

Minor's Name	Childcare Provider Name and Address	Provider Telephone Number	Monthly Cost to You for Childcare
			\$
			\$
			\$
			\$

Is any portion of your childcare expenses reimbursed from an outside agency or person?  
(Yes/No) \_\_\_\_\_

2. Indicate the dollar monthly expenditures for your household below:  
 Rent: \$ \_\_\_\_\_ Medical: \$ \_\_\_\_\_ Child Care: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**Please indicate in this space any of the above that are delinquent or not paid current:**

\_\_\_\_\_

Housing Assistance Application/ Personal Declaration

3. Do you pay a care attendant or any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? (Yes/No) \_\_\_\_\_

If you do pay a care attendant, please provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone Number
a.		
b.		

What is the monthly cost to you for the care attendant and/or the equipment? \$ \_\_\_\_\_

**ELDERLY OR DISABLED FAMILIES ONLY**

Complete the following questions in this part (Part C) only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

4. Do you have Medicare? (Yes/No) \_\_\_\_\_ If yes, please provide: \$ \_\_\_\_\_

5. Do you pay for any other kind of medical insurance? (Yes/No) \_\_\_\_\_

If yes, please provide information below:

	Policy Number:	Policy Number:
<b>Insurance Agent's Name</b>		
<b>Name of Insurance Company</b>		
<b>Address</b>		
<b>Telephone Number</b>		
<b>Monthly Premium Amount</b>	\$ _____	\$ _____

6. Do you have any outstanding medical bills that you are paying? (Yes/No) \_\_\_\_\_

If yes, please provide information below:

Name of Provider	Address of Provider	Telephone Number
a.		
b.		

Housing Assistance Application/ Personal Declaration

7. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) \_\_\_\_\_

If yes, please list anticipated medical expenses not covered below:

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**APPLICANT/PARTICIPANT CERTIFICATION**

I certify that the information given to the Rockport Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses is accurate and complete. I understand that false statements or information are punishable under Federal Law are grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the Rockport PHA within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Rockport PHA. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under:

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

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

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

Signature of Spouse: \_\_\_\_\_

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

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

I have received 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 the PHA Representative \_\_\_\_\_

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

## ROCKPORT HOUSING AUTHORITY

### NOTICE OF RIGHT TO REQUEST A REASONABLE ACCOMMODATION

A participant or applicant must first ask for a specific change to a policy or practice as an accommodation of their disability before the Rockport Housing Authority (RHA) will treat a person differently than anyone else. The RHA policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize the housing program and related services. This policy is intended to afford persons with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as those who do not have disabilities.

**To be eligible to request a reasonable accommodation, the requester must first certify (if apparent) or verify (if not apparent) that the family member is a person with a disability under the following ADA definition:**

A physical or mental impairment that substantially limits one or more of the major life activities of an individual;

A record of such impairment; or

Being regarded as having such an impairment

If the family member meets the above definition, they must then complete the Request for a Reasonable Accommodation form attached to this page. Once completed, it must be submitted to the housing authority.

Once the person's status as a qualified person with a disability is confirmed the RHA will require that a professional third party competent to make the assessment provides written verification that the person needs the specific accommodation due to their disability and the change is required for them to have equal access to the housing program.

If the RHA finds that the requested accommodation creates an undue administrative or financial burden, the Housing Authority will deny the request and/or present an alternate accommodation that will still meet the need of the person.

An undue administrative burden is one that requires a fundamental alteration of the essential functions of the RHA.

The RHA will provide a written decision to the person requesting the accommodation within a **reasonable time**. If a person is denied the accommodation or feels that the alternative suggestions are inadequate, they may request an informal hearing to review the RHA decision.

Reasonable accommodation will be made for persons with a disability that requires an advocate or accessible offices. A designee will be allowed to provide some information, but only with the permission of the person with the disability.

All RHA mailings will be made available in an accessible format upon request, as a reasonable accommodation.

**Verification of Disability**

The RHA will verify disabilities under definitions in the Fair Housing Amendments Act of 1988, Section 504 of the 1973 Rehabilitation Act, and Americans with Disabilities Act.

If you have any questions, please call Rockport Housing Authority at 812-649-4533.

**WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.**

## REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

1. The following household member, \_\_\_\_\_, has a disability that meets the following definition:

*Disability: A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.*

2. Describe the needed accommodation:

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

3. Show the relationship between the person's disability and the need for the requested accommodation:

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

4. List the name of the licensed physician and/or medical provider who can verify the disability and the need for the accommodation requested. This should be the individual providing professional services that relate to the disability.

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

Title/Position: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

The Rockport Housing Authority will mail a verification form to this individual. Hand-delivered verifications **will not** be accepted as a form of official verification to approve your request.

**Authorization to Release Information:** I authorize the care provider listed above to disclose relevant information to the Rockport Housing Authority regarding the need for a reasonable accommodation. I understand the information the RHA obtains will be kept confidential and used solely to determine if an accommodation should be provided.

### **PATIENT INFORMATION:**

Patient's Signature: \_\_\_\_\_

(If a patient is a minor, the legal guardian/parent signature is required)

Print Name \_\_\_\_\_

Date: \_\_\_\_\_ Patient Ref. Number: \_\_\_\_\_

Social Security No. (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

# HOUSING AUTHORITY



## CITY OF ROCKPORT

P.O. BOX 173 - ROCKPORT, INDIANA 47635 - (812) 649-4533 PHONE - (812) 649-9125 FAX  
Bethany Valentine  
Executive Director

### EMPLOYMENT VERIFICATION

DATE: \_\_\_\_\_  
EMPLOYEE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SOC. SEC# \_\_\_\_\_

EMPLOYER:

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

TO WHOM IT MAY CONCERN:

We are required to verify the incomes of all members of families applying for admission as tenants to the federal aided housing units which we operate and to re-determine periodically the incomes of tenant families. This is because the laws under which these housing units are administered restrict occupancy to low-income families and base units on the amount of the family income.

To comply with this requirement, we ask your cooperation in completing the applicable items on the following report for the employee listed above. This information will be used only in determining the eligibility status and rent of the employee's household

Your prompt return of the attached information will be appreciated. A self-addressed return envelope is enclosed, or you can fax it to (812)-649-9125. If you have any questions, please call me at (812)-649-4533.

I hereby authorize the release of the requested information: \_\_\_\_\_

Very truly yours,

\_\_\_\_\_  
Executive Director

Joseph Greene  
812-649-4872

Butch Meredith  
812-686-0386

Gladys Calhoun  
502-314-6599

Shirley Richards  
812-660-1914

Samdra Wilkinson  
812-660-0753

John Rudisill  
812-686-3052

Jessica Obermeier  
678-469-6645

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYMENT DATA

1. EMPLOYED SINCE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

2. SALARY: BASE PAY RATE: \_\_\_\_\_

PER HOUR \_\_\_\_\_ PER WEEK \_\_\_\_\_

OR PER MONTH \_\_\_\_\_

DATE PRESENT RATE EFFECTIVE \_\_\_\_\_

AVERAGE HR PER WEEK AT BASE PAY RATE \_\_\_\_\_

WEEKS \_\_\_\_\_ OR MONTHS \_\_\_\_\_ WORKED PER YEAR

OVERTIME PAY RATE PER HOUR \_\_\_\_\_

EXPECTED AVERAGE NUMBER OF HRS. OVERTIME  
PER WEEK DURING NEXT 12 MONTHS \_\_\_\_\_

ANY OTHER COMPENSATION NOT INCLUDED ABOVE  
\_\_\_\_\_ (TIPS, BONUSES, ETC.)

3. IS PAY RECEIVED FOR VACATION? \_\_\_\_\_

4. TOTAL BASE PAY EARNINGS FOR PAST 12 MONTHS:  
\_\_\_\_\_

5. OVERTIME EARNINGS FOR PAST 12 MONTHS \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE



# HOUSING AUTHORITY



## CITY OF ROCKPORT

P.O. BOX 173 - ROCKPORT, INDIANA 47635 - (812) 649-4533 PHONE - (812) 649-9125 FAX  
Bethany Valentine  
Executive Director

### APPLICANT RECORD NOTIFICATION

#### Notification

Fingerprints submitted will be used to check the criminal history records of the FBI.

#### Obtaining copy

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

#### Change, Correction, or Updating

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34

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Print Name

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Date

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Signature

**HOUSING AUTHORITY**



**CITY OF ROCKPORT**

P.O. BOX 173 - ROCKPORT, INDIANA 47635 - (812) 649-4533 PHONE - (812) 649-9125 FAX

Bethany Valentine  
Executive Director

Spencer County Law Enforcement Center  
120 N. 2<sup>nd</sup> Street  
Rockport, IN 47635

I, \_\_\_\_\_, hereby, authorize any law enforcement agency to search of any and all files regarding past arrests and criminal records and to release the said information to the Housing Authority of the City of Rockport, Indiana for the purpose of determining my eligibility for housing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name: \_\_\_\_\_  
Last First Middle Maiden

Please list any former Names or Aliases:

\_\_\_\_\_

Address: Street Name # No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Received by the City of Rockport Housing Authority

\_\_\_\_\_  
Executive Director

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

# HOUSING AUTHORITY



## CITY OF ROCKPORT

P.O. BOX 173 - ROCKPORT, INDIANA 47635 - (812) 649-4533 PHONE - (812) 649-9125 FAX

Bethany Valentine  
Executive Director

### LANDLORD VERIFICATION

LANDLORD (Name, Address & Phone)

TENANT

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

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

Tenancy dates \_\_\_\_\_ to \_\_\_\_\_

I Hereby Authorize the Release of the Requested Information.

Signed: \_\_\_\_\_

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

Is/Was applicant current on rent? \_\_\_\_\_ Dates of Tenancy: \_\_\_\_\_

Has/Had applicant ever been late? \_\_\_\_\_ How Long? \_\_\_\_\_ How Often? \_\_\_\_\_

Have/Had you ever begun eviction proceedings for non-payment? \_\_\_\_\_

Does/Did applicant keep the residence clean? \_\_\_\_\_

Has/Had applicant damaged the unit? \_\_\_\_\_ Please describe: \_\_\_\_\_

Has/Had applicant paid for the damage? \_\_\_\_\_ Will you keep any of the security deposit? \_\_\_\_\_

Does/Did the applicant permit anyone other than those on the lease to live in the unit? \_\_\_\_\_

Does/Did applicant or any household members damaged or vandalized the commons areas? \_\_\_\_\_

Does/Did applicant create any physical hazards to the property or residents? \_\_\_\_\_

Please describe: \_\_\_\_\_

Does/Did applicant interfere with the rights and quiet enjoyment of the other residents? \_\_\_\_\_

Has/Had the applicant given false information regarding his/her eligibility as a tenant? \_\_\_\_\_

Please describe: \_\_\_\_\_

Would you re-rent to this applicant? \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to the Rockport Housing Authority via mail or fax from the information above.*

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Joseph Greene  
812-649-4872

Butch Meredith  
812-686-0386

Gladys Calhoun  
502-314-6599

Shirley Richards  
812-660-1914

Sandra Wilkinson  
812-660-0753

John Rudisill  
812-686-3052

Jessica Obermeier  
678-469-6645

HOUSING AUTHORITY



CITY OF ROCKPORT

P.O. BOX 173 - ROCKPORT, INDIANA 47635 - (812) 649-4533 PHONE - (812) 649-9125 FAX
Bethany Valentine
Executive Director

BANK:

Three horizontal lines for bank name entry.

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

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

Horizontal line for name entry.

SOCIAL SECURITY NUMBER

ATTENTION: Bank Manager

In order for the above Low Rent Public Housing applicant/resident to receive rental assistance on our program, it is necessary that we have verification of income and assets.

Would you please furnish us with the information requested below and return this letter of verification in the enclosed self-addressed envelope.

Table with 4 columns: Amount of Savings Account and or Checking Account, Account No., Interest Rate, Annual Interest Amount. Includes three rows with dollar signs.

Verified by:

NAME & TITLE

Sincerely,

Bethany Valentine, Executive Director

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED ON THIS FORM TO THE HOUSING AUTHORITY OF THE CITY OF ROCKPORT, INDIANA.

SIGNATURE

DATE

# HOUSING AUTHORITY



## CITY OF ROCKPORT

P.O. BOX 173 - ROCKPORT, INDIANA 47635 - (812) 649-4533 PHONE - (812) 649-9125 FAX  
Bethany Valentine  
Executive Director

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

Spencer County Offices of Family & Children Services  
P.O. Box 25  
Rockport, IN 47635

To Whom It May Concern:

To permit occupancy, this Housing Authority is required by law to verify the income of all tenants of our low-income public housing program upon admission, interim re-determination, and annual re-certification.

We appreciate your cooperation in giving us the record of his/her income. We assure you that this information will be kept in strict confidence. Your prompt return of this information will be appreciated. Please fax to (812) 649-9125.

The Housing Authority of the  
City of Rockport, Indiana by

\_\_\_\_\_  
Executive Director

I hereby authorize the release of the  
requested information written/or by  
telephone to the Housing Authority  
of the City of Rockport, IN or any  
authorized representative

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

Name \_\_\_\_\_ Case No. \_\_\_\_\_ Caseworker \_\_\_\_\_

Date Aid Began \_\_\_\_\_ Type of Aid \_\_\_\_\_ Amount of Check \$ \_\_\_\_\_

Effective Date \_\_\_\_\_ Total Number in household \_\_\_\_\_

Anticipated Changes in Family Composition \_\_\_\_\_

Does Recipient Receive Food Stamps? \_\_\_\_\_ If So, Amount \$ \_\_\_\_\_

Is Recipient in Compliance with IMPACT? YES NO Exempt

Remarks: \_\_\_\_\_

I Hereby Certify the Above Information is True and Correct to the Best of My Knowledge

\_\_\_\_\_  
Signature of Caseworker

\_\_\_\_\_  
Date

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812-649-4872

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678-469-6645

**U.S. CITIZEN/ALEIN STATUS FORM**  
**Declaration of Section 214 Status**

Notice to applicants and tenants: To be eligible to receive the housing assistance sought, each applicant or recipient of housing assistance must be lawfully within the United States. Read the Declaration statement carefully and return the signed form to the Rockport Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

**EACH ADULT HOUSEHOLD MEMBER MUST READ AND SIGN THIS FORM IN ORDER TO BE CONSIDERED FOR CONTINUED OCCUPANCY.**

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States.

Please check the appropriate box by the reason you are lawfully in the United States:

- I am a citizen by birth, naturalized citizen, or nation 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; or
- I have eligible immigration status as indicated below (see reverse side of this form for explanations) Attach all I.N.S. documents evidencing eligible immigration status and sign verification consent form.

\_\_\_\_ Immigrant status under 1001(a)(15) or 101 (a)(20) of the INA; or

\_\_\_\_ Permanent residence under 249 of INA; or

\_\_\_\_ Refugee, asylum, or conditional entry status under 207, 208, 203 of the INA; or

\_\_\_\_ Parole status under 212 (d)(f) of the INA; or

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

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

Signature of Household Member \_\_\_\_\_ Date \_\_\_\_\_

Check here  if above signature is of an adult residing in the unit who is responsible for a child named on state above.

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



**U.S. CITIZEN/ALEIN STATUS FORM**  
**Declaration of Section 214 Status**

Notice to applicants and tenants: To be eligible to receive the housing assistance sought, each applicant or recipient of housing assistance must be lawfully within the United States. Read the Declaration statement carefully and return the signed form to the Rockport Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

**EACH ADULT HOUSEHOLD MEMBER MUST READ AND SIGN THIS FORM IN ORDER TO BE CONSIDERED FOR CONTINUED OCCUPANCY.**

It is certified, under penalty of perjury, that to the best of my knowledge, those listed below are lawfully within the United States

Name of Child	Social Security #	Date of Birth	Age
1)			
2)			
3)			
4)			
5)			

Mark the appropriate box below that explains how you are lawfully in the United States:

- I am a citizen by birth, naturalized citizen, or nation of the United States; or
- I have eligible immigration status as indicated below (see reverse side of this form for explanations) Attach all I.N.S. documents evidencing eligible immigration status and sign verification consent form.

\_\_\_ Immigrant status under 1001(a)(15) or 101 (a)(20) of the INA; or

\_\_\_ Permanent residence under 249 of INA; or

\_\_\_ Refugee, asylum, or conditional entry status under 207, 208, 203 of the INA; or

\_\_\_ Parole status under 212 (d)(f) of the INA; or

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

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

Signature of Household Member \_\_\_\_\_ Date \_\_\_\_\_

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



HOUSING AUTHORITY  
of the City of ROCKPORT

P.O. Box 173  
Rockport, IN 47635

ADDENDUM TO LEASE APPLICATION

CONSENT, AUTHORIZATION, RELEASE AND HOLD HARMLESS

I/We do hereby consent to and authorize Housing Authority of the City of Rockport, Indiana, to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to: City, County, State, Federal Law Enforcement Agencies, Credit Reporting Agencies, present and/or past salary verification, present and/or past residences. I understand that any information obtained may be considered by the Housing Authority of the City of Rockport, Indiana, in accordance with the established screening criteria, as a factor in decisions they make with respect to the property for which I am applying.

Furthermore, I hereby release and hold harmless any agencies, owners and affiliates (including but not limited to officers, directors and employees) that shall provide information to the landlord and/or Housing Authority of the City of Rockport, Indiana, upon request, from any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

I hereby certify that I have read and reviewed the information contained in this application for lease is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application. I/We understand that this is an application and does not constitute a lease agreement in whole or part.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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)

## THE HOUSING AUTHORITY

OF THE CITY OF  
ROCKPORT, INDIANA  
P. O. BOX 179

**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(1)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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