

POLK COUNTY HOUSING AUTHORITY

Penny Terrell Executive Director

**509 South Morrow Street
Mena, AR 71953**

**Phone 479-394-1569
Fax 479-394-7026**

**ALL HOUSING AUTHORITY GROUNDS AND
APARTMENTS ARE SMOKE-FREE**

**APPLICATIONS ARE ACCEPTED ON TUESDAYS AND THURSDAYS ONLY.
INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.**

**PLEASE BRING THE FOLLOWING INFORMATION WITH YOU WHEN YOU
RETURN YOUR APPLICATION.**

**1. Written proof of income on all persons listed on the application from all sources.
Examples: Social Security, SSI, Wages, Child Support, etc.**

2. Social Security cards on all persons listed on the application. WE REQUIRE an ORIGINAL SSN card issued by SSA; an ORIGINAL SSA-issued document, which contains the name and SSN of the individual; or an ORIGINAL document issued by a federal, state, or local government agency, which contains the name and SSN of the individual on all family members. WE CANNOT ACCEPT DOCUMENTS IF THEY HAVE BEEN ALTERED , MUTILATED OR ARE NOT LEGIBLE ORIGINALS.

3. Verification of legal identity for all family members.

For Adults: Any of the following: Certificate of Birth, naturalization papers , church issued baptismal certificate, current, valid driver's license or Department of Motor vehicles identification card, U.S. military discharge (DD214), U.S. passport, employer identification card.

For children: Any of the following certificate of birth, adoption papers, custody agreement, Health and Human Services ID, school records.

4. Complete landlord addresses. FAILURE TO PROVIDE WILL ONLY DELAY THE PROCESSING OF YOUR APPLICATION.

CREDIT AND CRIMINAL HISTORY IS A PART OF THE SCREENING PROCESS FOR ELIGIBILITY.

I understand that it is my responsibility to inform the Polk County Housing Authority of any changes pertaining to any of the information that is contained in this application.

Signature of Applicant

Date

REASONABLE ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES

The Polk County Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, and single people. The PHA (Public Housing Agency) is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status.

In addition, the PHA has a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include;

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair.
- Adding or altering unit features so they may be used by a family member with a disability.
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impaired during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for the apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or any one in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority. If you would prefer not to discuss your situation with the housing authority, that is your right.

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose

This is to inform you that there is certain information-you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be-

- Evicted from my apartment or house
- Required to repay all overpaid assistance my family received
- Fined up to \$10,000.00
- Imprisoned up to 5 years; and/or
- Prohibited from receiving future assistance.

Your state and local governments may have other laws and penalties as well.

Asking Questions

When you sit down to fill out your application, you should know what is expected of you. If you do not understand something, make sure you ask questions before you complete the application. The person who accepts you're application at the Housing Authority office can answer your question or find out what the answer is.

Completing the Application

When you give your answers to application questions, you must include the following information.

INCOME

- *All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- *Any money you receive on behalf of your children (child support, social security for children, etc.);
- *Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);
- *Earnings from second job or part time job.
- *Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets

*All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.

*Any business or asset you sold in the last 2 years for less than its full value. Such as your home to your children.

Family/Household Members

*The names of all the people (adults and children) who will actually be living with you, and whether or not they are related to you.

Signing the Application

*Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

*When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.

*Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, state or private agencies to verify that it is correct.

Recertification

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

*All income changes such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.

*Any family/household member who has moved in or out.

*All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud You should be aware of the following fraud schemes.-

*Do not pay any money to file an application.

*Do not pay any money to move up on the waiting list.

*Do not pay for anything not covered by your lease.

*Get a receipt for any money you pay.

*Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to HUD HOTLINE, Room 8254, 451 Seventh Street, S.W. Washington, DC 20410.

Signature of HOH

Date

Signature (spouse/adult) Date

ORIGINAL SOCIAL SECURITY CARDS ARE REQUIRED FOR ALL FAMILY MEMBERS

APPLICATION

479-394-1565
479-394-1569

FAX 479-394-7026

TDD:479-394-6519

INFORMATION & CERTIFICATION STATEMENT

POLK COUNTY HOUSING AUTHORITY, 509 South Morrow Street, Mena, AR 71953

Check assistance desired: Housing Development at **Mena** _____, **Hatfield** _____, **Cove** _____, **Wickes** _____, or **HUD Rental Assistance (Section 8)** _____.

Name: _____ Address: _____
Head of household _____ Street or Post Office Box _____
City _____, State _____, Zip _____ Telephone (_____)
Marital Status: ___ Married ___ Separated ___ Unmarried(single, Divorced, widow)

FOR PERSONS WITH DISABILITIES; DO YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES. _____ **YES** _____ **NO**

ADULTS IN FAMILY (list all persons occupying residence)

Last Name of Head	First Name	Init.	Sex	Age	Birth Date.
Social Security/Alien Reg.#			Place of Birth (City, State,		County)
Last Name of Spouse/other	First Name	Init.	Sex	Age	Birth Date
Social Security/Alien Reg.#			Place of Birth (City, State,		County)
Last Name Other Adult	First Name	Init.	Sex	Age	Birth Date
Social Security/Alien Reg.#			Place of Birth (City, State,		County)

CHILDREN (living in your residence)

(Legal Name)	Relation	Sex	Age	Birth Date	SS#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you or any member of your household smoke? _____ YES _____ NO

ALL APARTMENTS AND GROUNDS ARE SMOKE-FREE; VIOLATIONS WILL RESULT IN LEASE TERMINATION.

If we are unable to reach you, whom could we contact locally?

Name/Relationship _____ ADDRESS _____
Telephone# _____

Name/Relationship _____ ADDRESS _____
Telephone# _____

LIST ALL INCOME received by any occupant of the household or family member. Some Examples of income are: Wages, Unemployment, Retirement, Social Security, Welfare, Disability Compensation, Grants, Babysitting, Alimony, Child Support and many others. **The Polk County Housing Authority utilizes HUD's computer matching program to verify income sources.**

Household Member	Source (Name & Address)	Amount	Expected
_____	_____	\$ _____	per _____
_____	_____	\$ _____	per _____
_____	_____	\$ _____	per _____
_____	_____	\$ _____	per _____

*** LIST FAMILY ASSETS ***

Checking Account Bank _____ Acct. # _____ Amount _____
 Savings-Passbook Bank _____ Acct. # _____ Amount _____
 Savings Certificates Bank _____ Acct. # _____ Amount _____

Did you or any member of your family file a Federal income tax return for the most recent year? _____ YES _____ NO

Does anyone outside your household pay any of your bills or expenses? _____ YES _____ NO

Do you own Real Property? _____, or have you disposed of an asset with a value greater than \$5000 during the past two (2) years? _____?

Will you be able to have utilities turned on in your name? ___ YES ___ NO
 If NO please describe problem with utility(ies): _____

Do you expect anyone to move in or out of your household within the next 12 months? _____ YES _____ NO

Does anyone live with you now who is not listed above? _____ YES _____ NO

Have you ever lived in any Low-Rent Public Housing or Section 8 Rental Assistance before? _____ YES _____ NO

IF yes :When? _____ WHERE _____?

Under what name? _____ Who was head of household? _____

Have you ever used a name other than the one you are using now? ___ YES ___ NO
 If yes: What name? _____

Have you ever used a Social Security number other than the one you listed? _____ YES _____ NO
 IF yes: What number _____

Has anyone in your household been engaged in or arrested for the use, sale, manufacture or distribution of controlled substances? _____ Yes _____ NO
 If Yes: Who _____ When _____ What? _____

Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity? _____ YES _____ NO

FAILURE TO RESPOND TO THIS QUESTION MAY JEOPARDIZE THE APPROVAL OF THIS APPLICATION: Are you or any member of your family subject to a Lifetime Registration Requirement under ANY State Sex Offender Registration Program?
_____ YES _____ NO

Have you ever violated a family obligation in a HUD-assisted housing program?
_____ YES _____ NO

Do you owe any money to any Public Housing Agency? _____ YES
_____ NO

CURRENT EXPENDITURES

RENT \$ _____ PHONE \$ _____ ELECTRIC \$ _____ GAS \$ _____ WATER \$ _____
PHONE \$ _____ CAR PAYMENT \$ _____ CAR INS. \$ _____ CABLE \$ _____
CREDIT CARD \$ _____ MEDICAL \$ _____ INSURANCE \$ _____

Do you have Child-Care expenses that YOU pay? _____

Do you have any other regular monthly payments besides those above?
_____ YES _____ NO If yes please list _____

ELDERLY, DISABLED OR HANDICAPPED ONLY:

Are you receiving Medicare Benefits? _____

Do you have Medicaid or other medical insurance? _____

If so how much does it cost you per month? _____

Do you Anticipate any health related expenses for the next 12 months? _____

Do you take prescription drugs on a regular basis? _____

Do you have a PRESCRIPTION DRUG DISCOUNT CARD? _____

WORK HISTORY: Where was the last place of employment for all adult household members?

Family Member	From (Year)	To (Year)	EMPLOYER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been evicted? Yes _____ NO _____ By whom? _____ When? _____
Why? _____

Previous Landlord: MUST BE PROVIDED

NAME: _____ ADDRESS _____

Current Landlord: MUST BE PROVIDED

NAME: _____ ADDRESS _____

Credit References:

COMPANY	Account Number	Address	Phone Number

PETS

Do you have any pets? _____ YES _____ NO If yes:
What kind? _____ Size _____ Weight _____

VEHICLES: Please describe all vehicles that you own.

OWNER	MAKE	MODEL	YEAR	COLOR	Tag#	State

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

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

I/We further certify I/We have read a copy of the "FEDERAL PRIVACY ACT STATEMENT", on this date and I/WE understand a copy of same will be given us upon request! I/We also understand the information I/We have given herein will be kept as confidential as possible; however, I/We understand it is necessary to comply with Arkansas Law as well as Federal Law regarding Freedom Of Information and it is necessary for the Housing Authority of Polk County to verify certain facts prior to your being eligible for assistance or housing. I/We hereby grant this agency permission to contact agencies, offices, individuals, groups or organizations to obtain information necessary to verify information given, and determine my eligibility for housing or housing assistance.

I/We acknowledge receipt of "WATCH OUT FOR LEAD-BASED PAINT POISONING" and have been informed the apartment I/WE may occupy was built prior to 1978 and am advised of a possible lead-based paint hazard. I/We understand the Authority is willing to help find assistance in securing blood tests and testing the paint in the unit I/We may occupy. I/We further understand if I/We have a child under 7 years of age with elevated lead blood level I am

to advise the Authority so they can conduct a test on the assigned apartment. I/We hereby further certify that I/We have been advised I/We are entitled to have a pet in our residence if and when housed by the Authority. I further understand the policy governing the possession and occupancy of such a pet and I/We have been furnished a copy of same.

I/We do hereby authorize the Polk County Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information of the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I/We understand that any misrepresentation or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

Signature of Head of Household Date _____ Signature of Spouse Date _____
HUD needs the following information for statistical purposes. Check Race which fits HEAD of household. White____, Black____, American Ind.____, Hispanic____, Asian /Pacific Islander, Other____.

If you are housed by this Housing Agency, the information, after it is verified, will be submitted to the Department of Housing and Urban Development of Form HUD-50058 (Tenant Data Summary), or a computer generated facsimile of the form or on magnetic tape. See the Above mentioned Federal Privacy Act Statement for more information about its use.

For Housing Authority Use ONLY

PHA OFFICIAL'S CERTIFICATION STATEMENT

I Certify that:

- (1) The information given to the Housing Authority of the County of Polk by the household of the applicant before mentioned on household composition, income, net family assets, allowances and deductions has been verified as required by federal law;
- (2) The family has certified that it has given this agency accurate and complete information, (a part of this form);
- (3) The family is eligible for admission at this time.

Signature of Authorized PHA Representative Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National "Toll-free Hot Line" at 800-424-8590

DATE AND TIME STAMP

BY MY SIGNATURE BELOW, I CERTIFY THAT:

1. I have read, do understand and have been given a copy of "**PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME.**" I have been advised that if the dwelling unit I choose was built before 1978, it may contain lead-based paint.
2. I have read and do understand the Federal Privacy Act statement.
3. The information * given to the Polk County Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law, and that if I knowingly falsify or omit information I may be:

- Evicted from my apartment or house
- Required to repay all overpaid assistance my family received
- Fined up to \$10,000.00
- Imprisoned up to 5 years; and/or
- Prohibited from receiving future assistance.

*After verification by this housing agency, the information may be submitted to the Department of Housing and Urban Development on Form HUD 50058, Tenant Data Summary, a computer generated facsimile of the form, or on magnetic media. See the Federal Privacy Act statement for more information about the use of this data.

4. The Social Security/Alien Registration number(s) that have been provided to the Polk County Housing Authority, are complete and accurate, and have been assigned to the person indicated, and that if no number is provided, that the person has not been assigned a Social Security/Alien Registration number, and that I have provided documentation of any such numbers for persons in my family over age 5.

Certifications:

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free Hotline:1-800-669-9777. For the hearing impaired, there is a toll-free number for use with TDD equipment. That number is 1-800-927-9275

**POLK COUNTY HOUSING AUTHORITY
 AUTHORIZATION FOR CRIMINAL HISTORY REPORT**

As required by 24 CFR 982, subpart L and CFP Part 5, Subpart J, the Polk County Housing Authority will endeavor to screen applicants for drug related and violent criminal behavior. Sex offender registration information will also be checked. Any member of the household who is 18 years of age or older must sign a consent form to authorize PCHA to receive and use criminal records in accordance with HUD regulations.

By providing the following information, you are authorizing PCHA to obtain criminal history records, and/or credit history, and residential history, through law enforcement agencies or an agency contracted by PCHA to conduct background checks.

_____ (PRINT) NAME		_____ SIGNATURE	
_____ SOCIAL SECURITY NUMBER	_____ RACE	_____ Date of birth	_____ SEX
_____ DRIVER'S LICENSE NUMBER	_____ STATE OF ISSUANCE		
_____ ADDRESS-CITY, STATE, ZIP		_____ PHONE NUMBER	

CRIMINAL INFORMATION

QUESTIONS MUST BE ANSWERED

Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? yes no

Do you currently use illegal drugs or abuse alcohol? yes no

Are you currently subject to a lifetime registration requirement under a state sex offender registration program? yes no

Have you been convicted of any drug-related crime within the past five years?
 yes no

Have you ever been convicted of any felony within the past five years? yes no

Have you ever been convicted of any crime involving fraud or dishonesty within the past five years? yes no

Have you been convicted of any crime involving violence within the past five years?
 yes no

Are you currently charged with any of the above criminal activities? yes no

If YES to any of the above questions, please provide details:

City/County/State	Date	Nature of Offense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROGRAM APPLIED FOR Public Housing Sec. 8

Signature of Housing Authority Representative _____ Date _____

EACH PERSON 18 OR OVER MUST FILL OUT CRIMINAL HISTORY QUESTIONNAIRE

**POLK COUNTY HOUSING AUTHORITY
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_____	_____	_____

PROGRAM APPLIED FOR Public Housing Sec. 8

Signature of Housing Authority Representative _____ Date _____

EACH PERSON 18 OR OVER MUST FILL OUT CRIMINAL HISTORY QUESTIONNAIRE

TENANT PI FEDERAL CREDIT REPORTING AGENCY

FCRA COMPLIANCE

Notice/Authorization and Release for a Consumer Report

I, the undersigned consumer, do hereby authorize the Polk County Housing Authority by and through Tenant PI (TPI), to procure a consumer report on me. This report may include, but is not limited to, my personal credit history based on reports from any credit bureau; criminal history/records; my driving history, including any traffic citations; a social security number verification; information discerned through employment and education verifications; present and former addresses; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Polk County Housing Authority by and through TPI, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Polk County Housing Authority, TPI, their successors and assigns, and any and all other persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or personal representatives, successors, assigns, or others making such claim or demand on my behalf, for providing a consumer report hereby authorized.

I understand that this Notice/Authorization and Release form shall remain in effect for the duration of housing assistance; I give permission to investigate any incidents and/or general misconduct or criminal activity for which I might be alleged to have been involved during my employment and/or lease. Further, I certify that the information contained on this Notice/Authorization and Release form is true and correct and that my application and/or lease will be terminated based on any false, omitted or fraudulent information.

Signature: _____

Date: _____

Printed Name: _____
 First Middle Last Maiden

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