



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

Thank you for choosing to apply for Public Housing at the Bloomington Housing Authority. This application can NOT be used for Section 8. To make your application process easier, we'd like to mention the following policies that are in place at the BHA:

SECURITY DEPOSIT

A refundable security deposit of \$150.00 will be required when you are notified to secure an available apartment. An offer of an apartment will be made only one (1) time. Additional documentation may also be required at the time of updating when an apartment is available. If you refuse an apartment, your application will be terminated.

UTILITIES

Utilities of water, sewer, trash removal, gas, and basic electricity is included in the rent. Larger appliances including but not limited to washer, dryer or freezer have an excess utility charge of \$10.00 per month per appliance. During the months of June, July, August, and September if you choose to use central air, there is an excess utility charge of \$15.00 per month.

PET POLICY

The BHA Pet Policy allows for residents to have certain pets in their apartments. You can have either one (1) dog or one (1) cat, but not one of each. Dogs must be 14 inches high or shorter at the shoulder when fully grown. Also, certain breeds such as Pit Bull Terriers, Doberman Pinschers, Rottweilers, and a few other breeds are not allowed at the BHA.

A \$200.00 refundable pet deposit is required to keep a dog or cat at the BHA. You may pay \$50.00 down and make monthly payments on the balance. Your dog or cat must be spayed or neutered, and must be current on their vaccinations. You will need to provide proof from the veterinarian of this.

COMMUNITY SERVICE POLICY

All residents of Public Housing aged 18 to 62 are required to volunteer eight (8) hours each month. Volunteer opportunities include working at any of the local not-for-profit or charitable organizations, or attending self-improvement classes at any of the area schools, churches, clinics or hospitals.

There are certain exemptions from the Community Service requirement. If you are disabled, age 62 or over, working 20 hours per week or more or receiving TANF you would be considered exempt.

It's important to note that if you are required to participate in the Community Service requirement and you do not fulfill your obligations, your lease will not be renewed.

PARKING POLICY

There are several parking lots at the BHA designated as Resident Parking Only. We can issue you a parking permit for one (1) car to park in a lot close to your apartment. Your car registration must be current, and your car must be in operable condition. There is also on-street parking (not regulated by the BHA) where you can park a second car and your visitors may park. To be issued a parking permit during your move-in appointment, please bring your car registration for us to photocopy.

Please be sure to contact us at (812) 339-3491 if you have any questions about the policies outlined above. Thank you again for choosing to apply for housing at the Bloomington Housing Authority.

Please sign and date on the line below indicating that you have read this page and are aware of the above policies.

Signature

Date



Public Housing Application And Verification List: Please Read Thoroughly!

Interpreter Services Available By Request

In order to process your application we must make copies of the following items in the original document form (please do not bring copies):

The application will NOT be accepted with out these items.

- **Identification**

- Drivers License or government issued picture I.D. for the household members that are age 18 and over
- Social Security /cards for ALL household members
- Proof of birth (government issued birth certificate) for ALL household members

- **Income-From ALL sources: Including but not limited to:**

- Employment-Pay stubs Unemployment TANF/Food Stamp Award Letter
- Disability Income From A Job Worker's Compensation Military Pay
- Military Pension Retirement Pension Odd/Seasonal Jobs
- Child Support-Divorce Decree or Print Out
- Social Security-ANY form-including but not limited to: SS, SSDI, SSI, SS Widows, SS Survivors, ANY Back-pay that is received
- Prior year's tax records (tax forms filed, W-2's, etc.)
- Student Aid-ANY form-including but not limited to: Grants, Loans, Scholarships, Fellowships, Work Study, Internships, Apprenticeships
- Self-Employment: we will need a signed and dated statement of self-certification
- Trustee Assistance: we will need a statement on the trustee's letterhead
- Energy Assistance: we will need the SCCAP worksheet, or a statement on SCCAP letterhead
- Assistance from churches/other agencies: we will need a statement on letterhead
- Lottery/Gambling winnings-**including but not limited to:** any form of Hoosier Lottery, any other State Lottery, Pull-tabs, Scratch Offs, Bingo winnings
- Selling/Reselling/Salvaging Items including but not limited to: Plasma, Aluminum/Steel (Pop/Beer) Cans, Scrap Metals, Yard/Garage sales, Card Collections (Baseball, Basketball, Football, etc.), any type of Collection selling
- For the following income types we will need a signed and dated statement that includes the phone number from the person(s) giving the money:
 - Work for Cash Baby Sitting Money From family/friends
- **ANY other income that is not listed above MUST be reported on the application and documents supporting the income must be brought in for verification.**

- **Assets-must be a current statement (dated within last 60 days)-Including but not limited to:**

- Checking accounts Savings accounts CD's
- Stocks Bonds IRA's
- Money Market accounts UTMA accounts House
- Mobile Home Trailer Land
- Investments Inheritance ANY other assets

- **Children & Child Care**

- Proof of Custody/Guardianship Title XX statement Signed statement from childcare provider
- If you are expecting a child we will need proof of pregnancy or a signed doctor's statement.

- **If you are handicapped/disabled or elderly (62 or over)**

- Spendown statement form Division of Family Resources
- Medical insurance statement-must show how often premium is paid
- Signed statements from doctors for your ongoing out-of-pocket expenses
- Signed statements or print out from pharmacies for your out-of-pocket expenses

- **Address Verification**

We will need residential address verification for the last five (5) years of all adult household members, regardless if they were on a lease or not.



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PLEASE READ CAREFULLY AND THOROUGHLY
BEFORE SIGNING THIS PAGE!

1. I know and understand that I must provide the required documentation that is listed on the verification list page (page 2) for my application to be complete.

Signature

Date

2. I understand that if I fail to provide the required documentation my application will be incomplete, and therefore will **not** be accepted.

Signature

Date

3. I understand that failure to respond to any question on this application is grounds for termination.

Signature

Date

4. I know and understand that willfully making false statements or misinterpretations on any page of this application or in connection with this application is a criminal offense and grounds for termination.

Signature

Date

5. I know and understand that if I fail to sign or date any section my application will not be accepted.

Signature

Date

A

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of Bloomington any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

- Identity and Marital Status Residences and Rental Activity Income
- Medical or Child Care Allowances Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Previous Landlords Veterans Administration Social Security
- Retirement/Pension Welfare Agencies Administration
- Public Housing Agencies Schools and Colleges Utility Companies
- Law Enforcement Agencies Credit Bureaus and Providers
- Support and Alimony Providers Financial Institutions (Banks)
- Medical and Child Care Providers Courts

I understand and agree that the Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to exchange such automated information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U. S. Postal Service; Social Security Agency and State Welfare and food stamp agencies.

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.

SIGNATURES

PRINT NAME

DATE

Head: _____

Spouse: _____

Adult Member: _____

Adult Member: _____

Adult Member: _____

Adult Member: _____

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

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

Bloomington Housing Authority
1007 N. Summit St.
Bloomington, IN 47404

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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



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BACKGROUNDER

APPLICATION PROCESSES FOR PUBLIC HOUSING

The Bloomington Housing Authority requires the following documents to be presented and copied, without exception, prior to processing applications for Public Housing.:

1. A driver's license or government issued picture ID for all household members aged 18 and over.
2. Social Security cards for ALL household members.
3. Proof of birth (government issued birth certificate) for ALL household members.

Copies of documents pertaining to household income, assets, and child care are also required. Other documentation is needed from those individuals who are handicapped/ disabled or elderly. Most of the documents are listed on the second page of the application. In addition, adult household members will need to provide address verification for all residential addresses they have lived in over the past five (5) years.

Each public housing application contains a 'One Strike Policy' form that must be read and signed. The BHA's 'One Strike Policy' is taken seriously and if any participant violates the conditions listed therein the public housing application or tenancy will be terminated immediately.

The Applicant/Resident Certification sheet must also be signed by all adults who wish to live in public housing. All who knowingly agree to and sign this form acknowledge that false, incomplete or inaccurate information is punishable under federal or state criminal law, and is grounds for termination of assistance or tenancy.

PUBLIC HOUSING ELIGIBILITY APPLICATION FORM

Accessible format available on request. Contact the ADA Coordinator

Who is the Head of Household by Legal Name as it appears on Social Security Card?					
Last	First	M.I.	Gender M F	Date Of Birth / /	Age
Social Security Number — —		Race <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Do you or does anyone in your household have any special needs or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below. If you do not understand this question, please ask.					

Household composition (members): List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest) and then any other adults.

Name	Relation to Head	Gender M/F	Social Security Number	Race	Date of Birth	Place of Birth: City/State	Occupation or School Name
	Self		— —		/ /		
			— —		/ /		
			— —		/ /		
			— —		/ /		
			— —		/ /		
			— —		/ /		
			— —		/ /		

Do you expect anyone to move in or out of your household within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____
Does anyone live with you now who is not listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No Why are they not listed? _____

Do you have any pets? Yes No If yes: What kind? _____ Height: _____ Weight: _____

NOTICE: Failure to respond to ANY question may jeopardize the approval of the application. If something does not apply write N/A.

Income Information: Include income from ALL sources. *Please see the verification list on front page*

Family Member Name	Income: <u>including but not limited to</u> : Name of Employer, Child Support-Name of County where support comes from, SS, SSDI, SSI, SSW, SSS, TANF, Food Stamps, Unemployment, Military Income, Self Employment, Cash Paid by others, Student Aid, Worker’s Comp, Any other income that is received by any household member must be listed in this column.	Income Amount	How Often Paid	Annualized Income

Please note: Failure to list any form of income is considered inaccurate, incomplete, withholding of information and is grounds for termination of this application.

Did you file a Federal Income Tax Return for the most recent year? Yes No

Does anyone outside of your household pay any of your bills or expenses? Yes No
 If yes, explain: _____

Asset Information: Including but not limited to: house, mobile home, trailer, land, stocks, bonds, IRA, CD’s, Money Market Accounts, UTMA Accounts, Investments, Inheritance, etc.

Family Member Name	Asset Description	Current/Disposed	Market Value	Cash Value	Interest Rate %	Annual Income

Banking Information: Checking, Savings, of any account that a family member name appears on.

Family Member Name	Name of Bank	Account Number	Account Type	Individual or Joint	Current Balance

Elderly/ Disability Assistance Expenses: Including but not limited to: Spendown, Physician Co-Payments, Pharmacy Out-Of-Pocket Expenses, Health Aid Necessities. Attach additional sheet if necessary.

Family Member	Expense Description	Amount	Frequency	Annual Expense

Do you claim any of the following local preferences? Disabled Displaced Veteran
Veterans Widow Working/Resident Extremely Low Income

What is your present address?

Street Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Home Phone () — Business Phone () — Fax () —

Housing Suitability Screening

Previous housing references: List the address and landlord information (if applicable) for the last **five (5) years**. Attach additional sheet if necessary. We cannot process the application without this information.

Address Include Street, City, State	From Month/ Year	To Month/ Year	Rent/Own/ Live With Someone/ Other	Landlord, Home Owner Name, even if you were not on a lease	Landlord, Home Owner Telephone Number

For All adult members over 18 years of age, please list their name, address, City, State, then the Zip Code that they have lived in for the last **five (5) years**. Attach additional sheet if necessary.

Name	Address	City	State	Zip Code

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

Name _____ Telephone _____
Address _____ Relation _____

For ALL adult members age 18 and over, please read, sign, and date the following: I give my permission for the Bloomington Housing Authority to run a criminal background check for the past five (5) years.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Program Integrity Information

Have you or any other household member ever been evicted? Yes No (If more than one eviction, list the additional information on page 13.)
 If Yes: By Whom? _____ When? _____ Why? _____

Have you or any other household member ever live in assisted housing before? Yes No
 If Yes: When? _____ Where? _____

Under what name? _____ Who was Head of Household? _____

Has any household member ever been terminated from a HUD-assisted housing program? Yes No
 If Yes: Who? _____ When? _____ Where? _____

Do you or any other household member owe any money to a Public Housing Agency? Yes No

Has any household member ever used a name other than the one you are using now? Yes No
 If Yes: What name(s)? _____

Has any household member ever used a social security number other than the one you listed on the application? Yes No
 If Yes: What number(s) have you used? _____

Has anyone in your household been engaged in violent crime, sex crime, the use, sale, manufacture or distribution of controlled substances? Yes No
 If Yes: Who? _____ When? _____ What? _____

Has any household member been arrested for any reason in the past 12 months? Yes No
 If Yes: Who? _____ When? _____ Why? _____

Are you or any member of the household subject to lifetime state sex offender registry in ANY state?
Yes No Notice: Failure to answer any question will jeopardize the approval of this application.

Vehicles: What vehicle does the family own?

Owner as appears on Registration	Make	Model	Year	Color	License Plate/ Tag Number	State

Authorizations, Representations and Certifications

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

I understand that any misrepresentation of information 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 13, 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.

NOTICE: 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 Indiana State Code

Signature of
 Head of Household _____
 Signature of
 Spouse or Co-Head _____

Signature of
 Other Adult Member _____
 Signature of
 Other Adult Member _____

Bloomington Housing Authority One Strike Policy

NAME OF APPLICANT _____

ADDRESS _____

I understand that the Bloomington Housing Authority will immediately terminate assistance and/or terminate my tenancy if I, or any member of my household is found to have violated any one of the following conditions:

1. If the resident or a member of the resident’s household engaged in drug-related criminal activity on or off the premises, not just on or near the premises. “Drug-related criminal activity” means the illegal use, manufacture, selling or distribution of a controlled substance, or possession with the intent to use, manufacture, sell or distribute a controlled substance (as defined in Section 102 of the Controlled Substance Act-21 U.S.C. 802);
2. If the resident, a member of the resident’s household, or a guest of the resident engaged in the illegal use of a controlled substance;
3. If the resident, a member of the resident’s household, or a guest of the resident engaged in a pattern of illegal drug or alcohol use of which the BHA determines interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;
4. If the resident, a member of the resident’s household, or a guest of the resident engaged in any criminal activity which the BHA determines interfered with the health, safety, or right to the peaceful enjoyment of the premises of anyone who resides in the immediate vicinity of the premises;

IMPORTANT NOTE: CONVICTION OR ARREST IS NOT NECESSARY IN ANY OF THE ABOVE CIRCUMSTANCES.

5. If the resident or any member of the resident’s household has ever been convicted in connection with the manufacture or production of methamphetamine on the premises of federally assisted housing;
6. If the resident or a member of the resident’s household is convicted of a felony either inside or outside the housing development;
7. If the resident or a member of the resident’s household is fleeing to avoid prosecution, custody, or confinement for a crime or an attempt to commit a crime, that is a felony under the laws of the place from which the individual flees or is the resident violates a condition of probation or parole.

Important Note: Criminal activity includes, but is not limited to: violence, firearms, drugs, alcohol, abuse, coercion, riot, and harassment.

Signature of
Head of Household _____

Signature of
Spouse or Co-Head _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

****PLEASE READ CAREFULLY****

You MUST fill out this form completely to apply for housing assistance.

BY SIGNING THIS FORM:

You certify that the information given by you to the Bloomington Housing Authority (BHA) on household composition, income, net family assets, allowance, and deductions is accurate to the best of your knowledge and belief.

If you make false statements or give false information to the BHA you may be prosecuted under federal and/or state laws. YOU ACKNOWLEDGE that the making of false statements or the giving of false information to the BHA may be grounds for denial or termination of application and/or tenancy.

YOU AUTHORIZE the BHA to conduct an investigation and make inquiries for the purpose of verifying the information given by you to the BHA ANY TIME DURING YOUR TENANCY WITH THE BHA OR FOR A PERIOD OF ONE (1) YEAR AFTER THE TERMINATION OF YOUR LEASE THE BHA MAY RUN A CREDIT REPORT.

PLEASE NOTE: It is a policy of the Bloomington Housing Authority to run a criminal record report on all applicants and their household members.

THIS FORM IS NOT A CONTRACT. If you fill out and sign this form, you are not required to accept housing assistance, and the BHA may not be required to provide you with housing assistance.

WARNING: Section 1001 of the U.S. Code makes it a criminal offense to willfully make false statements or misrepresentation to the BHA on this form, or in connection with your application for housing assistance.

I am aware that I may file a housing discrimination complaint online through the HUD website:

<https://www5.hud.gov/Hud903/main/pagHUD903Form.jsp>

A copy of the discrimination complaint form is available by request.

Signature of
Head of Household _____

Signature of
Spouse or Co-Head _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Consent for Criminal Background Check

MUST Be Completed By ALL Household Members Age 18 Or Older

HUD regulations require all PHAs to obtain criminal background and sex offender registration information about all adult household members applying for housing assistance. To enable the Bloomington Housing Authority (BHA) to do this, **all household members age 18 or older MUST answer the questions below and sign to consent to a background check.**

The BHA will deny the application that does not provide complete and accurate information or does not consent to a background check. Please answer **ALL** the following questions:

1) Have you been terminated from a federally assisted site within the past three years? Yes No

2) Do you currently use illegal drugs or abuse alcohol? Yes No

3) Are you currently subject under a state sex offender registration program? Yes No

4) Have you ever been convicted of a drug-related crime? Yes No

5) Have you been convicted of a crime within the past 5 years? Yes No

6) Are you currently charged with any of the above criminal activities? Yes No

7) Have you been released from jail within the past five (5) years? Yes No

If yes please list the reason(s) _____

8) Are you or any household member now charged with an unresolved crime which has not yet resulted in a plea of guilty, a court trial, or the dropping of charges? Yes No

9) Please list all states in which you have lived or have held licenses to drive

10) Have you ever used or been known by any other name? Yes No

If yes, please list all names used: _____

I understand the above information is required to determine eligibility for assistance. I certify my answers are true and complete to the best of my knowledge. I understand that making false statements is grounds for denial or termination. I authorize the BHA to verify the above information and consent to the release of the necessary information to determine my eligibility.

I authorize the release of criminal records and/or sex offender registration information to the BHA or agencies contracted by the BHA to conduct criminal background checks.	Today's Date
Applicant's Full Name (Please Print)	
Social Security Number	Date of Birth
Applicant's Signature	

APPLICANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowance and deductions is accurate and complete to the best of my knowledge: I have reviewed the application form and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report within ten (10) working days any changes in income and any changes in family household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in the current program. I will not live anywhere else without notifying the management office immediately in writing, I will not sublease my assisted residence.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes but is not limited to attending pre-scheduled meetings, completing and signing all required forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

SIGNATURE OF HOUSEHOLD ADULTS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.