

## RENTAL APPLICATION FOR HUD PROPERTIES

### Instructions for completing the application:

1. *Please complete all sections by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.*
2. *This application must be completed by the Head of Household. Each additional member 18 years of age and older who will reside in the apartment must sign the Rental Application.*
3. *It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.*
4. *As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.*
5. *After we accept your application, we will make a preliminary determination of eligibility based on the information provided on that application. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office.*
6. *Rental History must include all places where you/or any adult member lived in the past four years including places where your or their name did not appear on the lease and places where you or they used a different name.*
7. *Please bring in either the originals or copies of the original birth certificates and social security cards for all persons living in the apartment. These will be needed before we proceed with the application process.*



Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

**APPLICANT INFORMATION:**

<b>Name:</b> _____				
Last	First	Middle Initial		
<b>Current Address:</b> _____				
Street	City	State	Zip Code	
<b>Telephone #:</b> _____				

**HOUSEHOLD INFORMATION:**

Beginning with the Head of Household, please list all information for each household member who will occupy the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	Social Security Number	Date of Birth  (Mo./Day/Yr.)
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Are there any family members who are full-time students?  Yes  No

If yes, please list \_\_\_\_\_

Do you anticipate a change in household composition during the next 12 months?  Yes  No

Will any of the above household members live anywhere except in the apartment?  Yes  No

Will any other persons live in the apartment on a less than full-time basis?  Yes  No

If you answered "Yes" to either questions, please explain: \_\_\_\_\_

Does any member of the household have a need for accessible features (e.g. grab bars, barrier-free apartment, etc.)  Yes  No

If you answered "Yes", please explain: \_\_\_\_\_



**LANDLORD INFORMATION:**

Must include the last four (4) years of rental history. If additional space is needed attached a separate sheet.

**Present Housing:** Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Telephone: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_  
 (mo./yr.) TO (mo./yr.)

**Previous Housing:** Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Previous Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Telephone: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_  
 (mo./yr.) TO (mo./yr.)

**EMPLOYMENT INFORMATION:**

Include current employers for all adult household members. If more space is need, attach a separate sheet.

**Present Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
 (mo./yr.) TO (mo./yr.)

**Salary:** \$ \_\_\_\_\_ per  hour  week  month  year  other \_\_\_\_\_

Second Employer, or  
 **Previous Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
 (mo./yr.) TO (mo./yr.)

**Salary:** \$ \_\_\_\_\_ per  hour  week  month  year  other \_\_\_\_\_

**Spouse Employer:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_



**Employer Address:** \_\_\_\_\_  
Street City State Zip Code

**Occupation:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
(mo./yr.) TO (mo./yr.)

**Salary:** \$ \_\_\_\_\_ per  hour  week  month  year  other \_\_\_\_\_

Please list the total annual employment income of all household members.

Name of Recipient	Gross Wage (Full Time)	Gross Wage (Part Time)	Overtime Pay	Commissions Or Fees	Tips or Bonuses

**BENEFITS:**

Please list the total benefit income of all household members. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type		Gross Amount Received	Per Week, Month, etc.	Household Member Receiving Benefit
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N			
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			

**OTHER INCOME:**

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

Income Type		Gross Amount Received	Per Week, etc.	Household Member Receiving Benefit
Income from Self-Owned Business	<input type="checkbox"/> Y <input type="checkbox"/> N			
Recurring Cash Contributions or Gifts including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N			



Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Unemployment Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N			
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N			
Retirement Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N			
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Military Reserves/National Guard	<input type="checkbox"/> Y <input type="checkbox"/> N			
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Periodic Payments from lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N			
Member of an Indian Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Any Other Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N			

Do you have any Rental Property or Business Property income?  Y  N

If yes, give the name and address of the renter or the business owner:

Name \_\_\_\_\_

Address \_\_\_\_\_

Amount of rent or income per month: \_\_\_\_\_

### ASSET INFORMATION:

Does any member of the household own any of the following types of assets?

Type of Asset		Value or Current Balance	Name of Financial Institution
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Credit Union Shares	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N		
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N		



Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Property held for investment purposes	<input type="checkbox"/> Y <input type="checkbox"/> N		
Whole Life Insurance Policy	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		

Has any household member disposed of any of the above assets at less than fair market value during the past two years?  Yes  No If yes, explain: \_\_\_\_\_

Please list all members of the household and the States they have resided in:

Member	States

Are you an American Citizen?

- Yes
- No

Have you been evicted in the last three (3) years from federally assisted housing for drug related criminal activity

- Yes
- No

Is any household member currently engaged in drug use?

- Yes
- No

Is any household member currently receiving assistance from HUD?

- Yes
- No



**MEDICAL AND UNUSUAL EXPENSES:**

Please provide the following information for ALL household members.

		Amount	Payee
Do you pay babysitting and/or dependent care while a family member is employed?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Are you receiving Medicare Benefits?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Are you receiving Medical Assistance through the Welfare Department (e.g. Medicaid)?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you pay any medical insurance/hospitalization?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have outstanding medical bills which you are currently paying?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you take prescription drugs on a regular basis?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance?	<input type="checkbox"/> Y <input type="checkbox"/> N		

**EMERGENCY CONTACT INFORMATION:**

Please provide the following information for two emergency contacts.

<b>Name of Primary Contact:</b> _____			
Last	First	Middle Initial	
<b>Current Address:</b> _____			
Street	City	State	Zip Code
<b>Daytime Phone Number:</b> _____		<b>Evening Phone Number:</b> _____	
<b>Relationship:</b> _____			
<b>Name of Secondary Contact:</b> _____			
Last	First	Middle Initial	
<b>Current Address:</b> _____			
Street	City	State	Zip Code
<b>Daytime Phone Number:</b> _____		<b>Evening Phone Number:</b> _____	
<b>Relationship:</b> _____			



**VEHICLE INFORMATION:**

Driver's License Number/State ID#:	_____	State Issued:	_____	
Spouse Driver's License Number/State ID#:	_____	State Issued:	_____	
Vehicle #1:	Year _____	Make _____	Model _____	Color _____
	License # _____	State _____		
Vehicle #2:	Year _____	Make _____	Model _____	Color _____
	License # _____	State _____		

**MISCELLANEOUS INFORMATION:**

Are you or any household member currently expecting a child?  Yes  No  
If yes, what is the scheduled due date: \_\_\_\_\_

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any pets?  Yes  No If yes, what kind and size: \_\_\_\_\_

Has any household member ever been convicted of any drug offense?  Yes  No If yes, who: \_\_\_\_\_ Explain: \_\_\_\_\_





Has any household member ever been convicted of a criminal offense?  Yes  No If yes, who: \_\_\_\_\_ Explain: \_\_\_\_\_

Are you listed on a state or federal sex offender registry?  Yes  No

Does anyone in the household currently have any criminal charges pending against them?  Yes  No If yes, who: \_\_\_\_\_ Explain: \_\_\_\_\_

### MARKETING INFORMATION:

How did you hear about the property for which you are completing this application?

- Newspaper  Radio  Rental Magazine  HUD Website  
 Other: (Please explain): \_\_\_\_\_

### PROGRAM INFORMATION:

**ELDERLY/DISABLED HOUSEHOLD STATUS:** We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Subsidized Program and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

- 62 years of age or older  55 years of age or older  50 years of age or older (Near Elderly)  
 Handicapped  
 Disabled

**I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.**

**I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.**

**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 of the United States Government. HUD and any other owner (or any



employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at \*\*208(a)(6), (7) and (8).\*\*. Violations of these provisions are cited as violations of 42 U.S.C \*\*408(a) (6), (7) and (8).\*\*



**SIGNATURES: (All adult household members must sign below.)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Additional Adult Household Member Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Additional Adult Household Member Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agent for Owner Date

**DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY**

**APPLICATION DISPOSITION:**

Approved: \_\_\_\_\_  
(Date)

Approved by: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Disapproved: \_\_\_\_\_  
(Date)

Disapproved by: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Reason(s) for Disapproval: \_\_\_\_\_  
\_\_\_\_\_

Applicant Notified in Writing on: \_\_\_\_\_

Applicant Appealed Decision on: \_\_\_\_\_ (Written notification attached.)

Applicant Appeal Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Title)

Appeal Decision: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Applicant Notified in Writing on: \_\_\_\_\_

Driver's License or State-issued ID \_\_\_\_\_

Social Security Card \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Citizenship \_\_\_\_\_

Credit, Criminal, and Sex Offender Registry Check \_\_\_\_\_



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.

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

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.

**APPLICANT/TENANT AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize and request your agency to furnish the following information necessary in determining eligibility for public housing at Hays Commons. I understand that I may revoke this consent at any time, except for any information that has already been requested. This consent will expire 120 days from the date below. I also understand this form authorizes a criminal background check and Enterprise Income Verification (EIV) to be conducted.

---

Signature of Applicant

Date

## SSN Disclosure

In accordance with 24 CFR §5.216, applicants and participants (including each member of the household and including, live-in aides, foster children, and foster adults) are required to disclose his/her SSA-assigned SSN, with the exception of the following individuals:

**A.** Those individuals who do not contend to have eligible immigration status (individuals who may be unlawfully present in the United States) and have not been assigned an SSN. These individuals in most instances would not be eligible for a SSN.

**1.** A family that consists of a single household member (including a pregnant individual) who does not have eligible U.S. citizenship or eligible immigration status is not eligible for housing assistance and cannot be housed.

**2.** A family that consists of two or more household members and at least one household member that has eligible U.S. citizenship or eligible immigration status, is classified as a mixed family, and is eligible for prorated assistance in accordance with 24 CFR §5.520. The PHA may not deny assistance to mixed families due to nondisclosure of an SSN by an individual who does not contend to have eligible immigration status.

**Note:** Financial assistance may only be provided to individuals with eligible immigration status in accordance with 42 USC §1436a, which is generally evidenced by the individual providing his/her Green Card (Form I-551 – U.S. Permanent Residence Card) or other documentation approved by the Department of Homeland Security for noncitizens with refugee or asylee status.

**B.** Existing program participants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined the SSN to be valid. PHAs may confirm HUD's validation of the participant's SSN by viewing the household's Summary Report or the Identity Verification Report in the EIV system. 4

**C.** Existing program participants as of January 31, 2010, who are 62 years of age or older (born on or before January 31, 1948), and had not previously disclosed a valid SSN. This exemption continues even if the individual moves to a new assisted unit.

Disclosure of SSNs is considered information subject to the Federal Privacy Act (5 USC §552a, as amended). In accordance with 24 CFR §5.212, the collection, maintenance, use, and dissemination of SSNs, any information derived from SSNs and income information must be conducted, to the extent applicable, in compliance with that Act and all other provisions of federal, state, and local laws.

An individual who previously declared to have eligible immigration or eligible citizenship status may not change his/her declaration to not contend to have eligible immigration status for the purpose of avoiding compliance with the SSN disclosure and documentation requirements or penalties associated with noncompliance of these requirements. Nor may the head of household opt to remove a household member from the family composition for the purpose of avoiding compliance with the SSN disclosure and documentation requirements or penalties associated with noncompliance of these requirements.

**Note:** There is no provision under HUD regulations which prohibit an individual (head of household with other eligible household members) with ineligible immigration status from executing a lease or other legally binding contract. However, some state laws prohibit an individual with ineligible immigration status from executing a contract (i.e. lease or other legal binding documents). If this is the case in your state, the family must not be admitted into the program.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410