

APPLICANT INFORMATION

PUBLIC HOUSING
MOULTRIE HOUSING AUTHORITY
DOERUN HOUSING AUTHORITY
(INCOME BASED RENTS)

RURAL DEVELOPMENT PROPERTY
RAINWATER VILLAGE
(INCOME BASED RENTS)

Please indicate the above properties you are interested in _____

Does anyone that will be living in the apartment have a need for a handicap unit? _____

In order for the Housing Authority to determine your need for housing and the appropriate size unit for your family, the following items must be completed and submitted when your application is returned. Copies will be made of the following:

- a. Social Security Card for each adult member (List name on application printed on SS Card)
- b. Photo Identification for each adult member
- c. Documentation if adult member is a full time student
- d. Documentation for any household member not born in the United States proving citizenship
- e. Documented proof of all family income including but not limited to:
 - Wages of Earnings (Bring (2) current check stubs)
 - Social Security or Supplemental Income-Disability (You may bring a printout from the Social Security Office).
 - Child Support (Printout from Child Support Recovery)
 - TANF (Print out from DFACS)
 - Unemployment Compensation (Provide current check stubs)
 - Worker's Compensation (Provide letter along with check stubs)
 - VA or other Pensions (Provide check stubs or other written documentation)
 - Contributions from any other source. (Provide source, addresses and amounts)

WARNING!! TITLE 18, SECTIONS 1001 AND 1010 OF THE UNITED STATES 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 UNITED STATES OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

ARE YOU OR ANY HOUSEHOLD MEMBER A REGISTERED SEX OFFENDER? YES_____ NO_____
EACH ADULT MEMBER MUST ANSWER THE ABOVE QUESTION AND INITIAL BY ANSWER.

APPLICANT ACKNOWLEDGEMENT

DATE RETURNED

TIME



Housing Authority of Moultrie

800 4th Ave SE • Moultrie, Georgia 31768

229-985-4162



Please Print

Name of Applicant: _____ Social Security Number: _____

Race: _____ Date of Birth: _____ Age: _____ Place of Birth: _____

Address of Applicant: _____ City: _____ Zip: _____

Mailing Address is Different: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Contact #: _____

FAMILY INFORMATION (LIST ONLY THOSE MEMBERS THAT WILL BE LIVING WITH YOU)

Family Members Name Birth Order	Age	Relation	Date of Birth	Sex	SS#	Place of Birth

PLACE MARK (X) IF YOU OR ANY FAMILY MEMBER RECEIVE ANY MONEY FROM THE FOLLOWING

☐ TANF ☐ SSI ☐ SOCIAL SECURITY ☐ CHILD SUPPORT ☐ VA BENEFITS ☐ ALIMONY ☐ GIFTS

☐ RETIREMENT ☐ UNEMPLOYMENT ☐ EMPLOYMENT ☐ DONATIONS ☐ OTHER INCOME

☐ INTEREST ON CHECKING OR SAVINGS ACCOUNTS ☐ DIVIDENDS FROM STOCKS OR MUTUAL FUNDS

NAME OF HOUSEHOLD MEMBER	PLACE OF EMPLOYMENT	GROSS AMOUNT	(MONTHLY, WEEKLY, ETC)

Checking \$	Savings \$	Land \$	Stocks/Bonds \$	Other \$
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DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A POLICE RECORD? YES _____ NO _____

IS ANY FAMILY MEMBER TO BE LIVING IN APARTMENT PREGNANT? YES _____ NO _____

DO YOU OWE AN OUTSTANDING UTILITY BILL TO THE CITY OF MOULTRIE YES _____ NO _____

HAVE YOU EVER LIVED IN PUBLIC HOUSING? YES _____ NO _____

IF YES PLEASE LIST WHEN, WHERE AND NAME ON LEASE _____

PRESENT LANDLORDS NAME _____ PHONE# _____ RENT AMOUNT _____

HOW LONG HAVE YOU LIVED THERE? _____ DO YOU OWE ANY BACK RENT & HOW MUCH? _____

PREVIOUS LANDLORDS NAME _____ PHONE# _____ DO YOU OWE A BALANCE _____

DID YOU EVER LIVE AT SHY MANOR _____ PARADISE _____ PINEVIEW _____ FOREST CREEK _____ OTHER _____

ASHTON CROSSING _____ FOREST APARTMENTS _____ NAME ON LEASE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

NOTICE: ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL CODES AND GEORGIA CODE.

THE ABOVE INFORMATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTION TO INQUIRES BEING MADE FOR THE PURPOSE OF VERIFYING STATEMENTS MADE HERE IN.

Applicant Signature _____	Date _____	PHA Representative _____	Date _____
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CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employer, depository or private source of income or Any Federal, State or local agency to furnish or release to the Housing Authority of the City of Moultrie, Georgia and to the United States Department of Housing and Urban Development such information as determined to be necessary for verification of income and family circumstances to be used in determining eligibility for occupancy of public housing and the amount of rent to be charged. I further authorize the Moultrie Police Department and/or any other law enforcement agency and any court of the State of Georgia and/or any other States Department of Housing and Urban Development any information in the possession of such agency or court regarding my past or present involvement in criminal offenses and/or records of convictions of any offense under laws of the United States, the State of Georgia or any other State or any political subdivisions thereof.

I hereby release any person, firm or agency from any liability in regard to the furnishing or release of such information.

Signed _____
(Tenant or Applicant)

Date _____

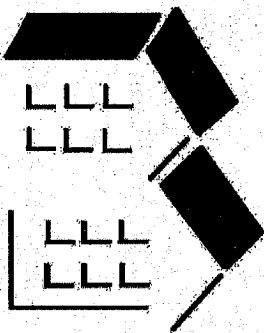
Notary Public

(SEAL)



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information

reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/ph/hiip/iv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

I hereby acknowledge that I have read this brochure. All applicants 18 and older must sign.

Date

Date

Moultrie Police Department Name-Based Criminal History Record Information Consent/Inquiry Form



I hereby authorize Moultrie Housing Authority to conduct an inquiry for
 Agency/Company
 the purpose listed below and receive any Georgia and/or national; criminal history record
 information as authorized by state and federal law.

Full Name (Print) (First, Middle, Last) <i>Persona de Encuesta/Nombre por completo</i>			
Address (Street #, Name, City, State, Zip Code) <i>Direccion de la calle, Ciudad, Estado, Codigo Postal</i>			
Sex <i>Sexa</i>	Race <i>Raza</i>	Date of Birth <i>Fecha de Nacimiento</i>	Social Security # <i>Num Seguro Social</i>

X This authorization is valid for 30 days from date of signature.
 I, _____, give consent to the above-named entity to perform
 periodic criminal history background checks for the duration of my employment.

Signature *Firma/Persona de Escusta*

Date

Attorney for Individual (Pur E and U Only)

Bar Number

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (Check One)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E-Employment
<input type="checkbox"/>	M-Working with Mentally Disabled
<input type="checkbox"/>	N-Working with Elderly
<input type="checkbox"/>	W-Working with Children
<input type="checkbox"/>	P-Public Records (No Consent Required)
<input type="checkbox"/>	F-Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U-Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J-Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	Z-Sworn Criminal Justice Employment (State & Ill Info Received)

The inquiry resulted in the following: (Check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

ATTN Field (Released To): Michael Boatwright

Agency Designee Signature and Title Date

SUBJECT IDENTIFICATION CARD PRESENTED:

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