

PUBLIC HOUSING FAQ'S

(APPLICATION ATTACHED)

WHAT IS PUBLIC HOUSING?

Public housing is a federally funded affordable housing program.

HOW DO I APPLY FOR PUBLIC HOUSING?

You must complete the application form with full mailing addresses and complete information for all those in the household.

WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?

- You must meet the income guidelines established by HUD
- You must be 18 years of age or legally emancipated
- You must meet citizenship requirements
- You must undergo a criminal background screening
- Have an acceptable rental history; verified by landlord or professional/personal reference (Please provide CORRECT mailing address)

HOW LONG WILL IT BE BEFORE I AM HOUSED?

It is not possible to give an actual date on when a unit will be available. Once your name reaches the top of the waiting list, PHA will notify you per letter, in which you will be required to attend an orientation interview to assist us in any additional information needed as well.

HOW MUCH IS THE RENT?

Rent is determined by your income. You will pay 30% of your adjusted gross annual income (gross minus allowable deductions/allowances) unless the amount is lower than the minimum rent of \$50.00

WILL I PAY A SECURITY DEPOSIT?

Yes, the deposit amount is determined by unit size and site location. It may be broken into 3 separate payments with the first due at lease up and the remaining amount due monthly.

WHAT IF ANYTHING CHANGES WHILE I'M ON THE WAIT LIST?

- Notify the office per phone or writing immediately
- All contact will be sent through mailing address, PLEASE make sure this is kept up to date

CAN I HAVE A PET?

- Pets allowed as stated per PHA Pet Policy



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the Parsons Housing Authority 1900 Belmont, (620) 421-7040 or (1-800-766-3777 TTD Kansas Relay Center). We are here to assist you

SUBMIT ALL INFORMATION WITH APPLICATION

BIRTH CERTIFICATES for everyone in the household.

You must bring a Birth Certificate, either original or a copy, for **each person** who will be residing in the household. If there is not a Birth Certificate available, one must be sent for and a copy of the application for replacement Birth Certificate must be provided to this office.

PHOTO IDENTIFICATION CARD

We accept valid Driver's License or current Kansas Identification Card for those over 21 years of age.

SOCIAL SECURITY CARDS for everyone in the household.

A Social Security card is **required for every member** of the household. We cannot accept a copy of any Social Security Card; we must see the **original card**. If you have lost your card, you may call 1-800-772-1213 and request an application form to replace the lost card(s). We must receive a copy of the application for replacement to keep in your file until the original card is received.

VERIFICATION OF INCOME.

HUD requires third-party verifications for all sources of income.

To comply with this requirement, you must provide the name and address of the income source, and any other specific information listed below.

If you are Employed: Must provide name and address of your employer, and provide paycheck stubs for at least one month.

Pension: Must provide name and address of the pension provider.

Bank accounts: (i.e. checking, savings, CDs, etc.) Must provide name and address of any and all banks you are using, and provide copies of last 2 month's statements.

Other assets: (i.e. stocks, bonds, other investments, etc.) Must provide name and address of the institution holding these assets, and provide statement from previous 2 months.

All Social Security Monies: Must have letter from Social Security stating current payment status and stating any deductions. You may call the Social Security Administration (SSA) at 1-800-772-1213 to request an award/benefit letter be faxed to the Parsons Housing Authority at 620-421-7042.

General Assistance: – Must have letter from SRS stating amounts received for past 12 months. *Note: In calculating your rent, we do not consider the amount of food stamps received.*

Child Support, Alimony: – Must have documentation showing Court Order # and amount entitled to, or ordered to pay, each month.

PAST RENTAL HISTORY.

It is important that Parsons Public Housing Department receive at least two (2) prior landlord references. You may use your current landlord and one previous landlord. If you have only one landlord, you may use that landlord and a professional reference. A professional reference is someone who is not a close relative or friend, but who knows you and how you conduct your business. If you have never had a landlord, we will require two (2) professional references.

Please note that submission of the above information is **mandatory** for admission to Public Housing. We will assist you in any way we can; however, the burden of submitting the required information rests with you. If you have any questions, please contact this office.



For Office Use Only. Applicants should not write in this section.
 Date/Time: ___/___/___ :___ Bedroom Size: ___
 Received by: _____ Orientation Date: ___/___/___
 List any special assistance required by applicant: _____
 Currently Homeless: Y / N Preference: DV / WF/ ELD/DIS./ SH (Rev 5/14)

APPLICATION FOR ADMISSION - PARSONS HOUSING AUTHORITY

1. Complete the entire form in ink.
2. All releases and authorizations need to be signed by the Head of Household and any household members over the age of 18. **By signing the application, you are certifying that all information is correct.**
3. Use the correct legal name for each person listed on the application as it appears on their Social Security card.
4. **Do not leave any section blank. If a section does not apply to you, write N/A in it.**
5. Any required information not received by the Housing Authority within 10 calendar days of the date the application was submitted will result in denial of the application.

It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs and activities. In order for us to provide a reasonable accommodation, we ask that you request what assistance is desired by contacting this office at: 1900 Belmont, Parsons, KS 67357, by e-mail pha@parsonsk.com, or by phone: 620-421-7040 or 1-800-766-3777 or 711 TTD (Kansas Relay Center). We are here to assist you.

NAME: _____ Home/Cell # _____ Work # _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Alternate Contact: _____ Phone# _____

1. HOUSEHOLD COMPOSITION – List ALL persons who will stay in the unit.

*Applicants are not required to disclose being disabled. Deductions to the family income for which a person with a disability are entitled can not be provided unless applicant discloses being disabled.

Household			Social Security #	Relation to Head	Birth Date	Age	Disabled Y / N	Student Y / N
Last	First	MI						
				Head				
				Spouse				
				Co-Head				
				Adult				
				Minor				
				Minor				
				Minor				
				Minor				

1. List any family member absent from the home: _____ Reason for absence: _____
2. If absence is temporary – expected date of return? _____ or NA
3. List any family member active in the military: _____ or NA
4. Will there be anyone else, not listed, joining the family : Name: _____ or NA
Address: _____ Date joining family: / / Relationship: _____
5. Is anyone in the family pregnant? **Yes / No**
6. Does any household member require special accommodations due to a disability? **Yes / No**
If yes, please list: _____
7. Does any child under the age of six (6) have an elevated blood lead level? **Yes / No**
8. Do you have overnight guests more than two (2) nights per month? **Yes / No** If yes, report
Name & Address _____
9. List any household member age 18 or over who is a full time student _____ or NA
10. List any household member age 18 or over who is in a job training program: _____ or NA
Name of program: _____ Sponsor Agency: _____
11. Has anyone in household applied for benefits which are in the process of being approved? **Yes / No**
If yes, please explain: _____
12. Do you pay for child care for children 12 and younger while you work, seek employment, or attend school full time? **Yes / No** Name & Address of Provider: _____
13. Did you file a Federal/State Income Tax Return? **Yes / No** Where you claimed as a dependant by someone else? **Yes/ No (If yes, you must include all household income on this application)**
14. Do you have a representative payee or guardian? **Yes/No** If yes, name: _____

II. HOUSEHOLD INCOME and ASSETS - List ALL gross income earned or received by everyone living in the household regardless of age. List gross amounts - (BEFORE DEDUCTIONS)

Income:	YES/ NO	Family Member :	Source:	Amount:
Wages: list employer			_____ Avg. Wkly Hrs worked: ____ Hourly wage \$ ____	\$ _____ Mo. \$ _____ Wk.
Pension /Retirement				\$ _____ Mo.
SSI / Disability/ Social Security				\$ _____ Mo.
Unemployment / Workers Compensation				\$ _____ Wk.
Grants/Scholarships				\$ _____
Regular Gifts of Money/Contributions				\$ _____ Mo.
TANF Food Stamps				\$ _____ Mo. \$ _____ Mo.
Alimony/Child Support				\$ _____ Mo.
Real Estate/ Stocks or Bonds/ CD's/Trusts/ Settlements				\$ _____
Checking Account/Savings Account/Prepaid Debit Card				\$ _____

1. Have you sold or given away any asset for less than its fair market value in the past 2 years? Yes / No
If yes, please explain: _____
2. Do you own property? **Y/ N** If yes, address: _____ Est. Value: \$ _____

III. ELDERLY / DISABLED ASSISTANCE EXPENSE – Complete this section **ONLY if Head of Household or Spouse is handicapped/ disabled OR 62 years of age or older and the expense is not covered by insurance or other sources**

Type of Expense:	Family Member:	Name of Company/Doctor/Pharmacy	Amount
Insurance or Medicare Premiums			\$
Prescriptions (unreimbursed)			\$
Doctor or Clinic			\$
Medical Care Attendant/Apparatus			\$
Additional Expense			\$

1. Do you pay for attendant care for a household member to work? Provider: _____
2. Do you pay for equipment for a disabled household member or other family member to work? **Yes / No**
Provider: _____

IV. CRIMINAL HISTORY – A criminal history check will be run on all household members 18 and over. Fingerprints will be submitted to the FBI for verification.

1. Has any household member been **arrested, charged, or convicted** for **ANY** misdemeanors or felonies? **Yes/ No**
If yes, list charge(s) and year: _____ or NA _____
2. Has any household member been **arrested, charged, or convicted** for any of the following:
 - a. Violent criminal activity? Yes / No _____
 - b. Alcohol related activity? Yes / No _____
 - c. Manufacture of Methamphetamines? Yes / No _____
 - d. Possession, sale or distribution of illegal drugs? Yes / No _____
3. Has any household member participated in drug rehab during the past 12 months? **Yes / No** If yes, list treatment facility and year treatment completed: _____
4. List any household member or live in aide who is required to register as a sex offender: _____
5. Are you currently on probation or have pending charges? **Y / N** Explain: _____

V. RENTAL HISTORY - List where you have lived for the past three (3) years. Complete information is required. If no rental history established complete/request associated form.

1. Current Landlord Name & Phone # _____
Landlord's Address: _____
Rental Address: _____ Were you evicted or asked to move? **Yes / No**
From: _____ To: _____ How much was your rent? _____ Deposit ? _____
2. Landlord Name & Phone # _____
Landlord's Address: _____
Rental Address: _____ Were you evicted or asked to move? **Yes / No**
From: _____ To: _____ How much was your rent? _____ Deposit ? _____
3. Landlord Name & Phone # _____
Landlord's Address: _____
Rental Address: _____ Were you evicted or asked to move? **Yes / No**
From: _____ To: _____ How much was your rent? _____ Deposit? _____

4. Has any household member, 18 or older, lived in public housing or participated in the Section 8 housing program? **Yes / No**
 Housing Agency Name: _____ Name on Lease: _____
 Rental Address: _____ From: _____ To: _____
5. Have you participated in the Earned Income Disallow program while in Public Housing? **Y / N** or NA

VI. PERSONAL REFERENCES: (List 3 references that are not related to you by family or marriage.) **Must have complete address for us to process your application.**

1. Name: _____ Phone: _____
 Address: _____
2. Name: _____ Phone: _____
 Address: _____
3. Name: _____ Phone: _____
 Address: _____

VII. MISCELLANEOUS INFORMATION

1. Do you have a pet? **Yes / No** If yes, describe: _____
2. Have you applied with Parsons Housing Authority before? **Yes/ No** Date: _____
3. List all vehicles that household members will park on PHA property:
 Make: _____ Model: _____ Color: _____ License Plate# _____
 Make: _____ Model: _____ Color: _____ License Plate# _____

All family members 18 years and over should review this application. By signing below, you are stating that you swear and understand that all information stated in this application is true and correct.

I also understand that:

1. A criminal history check will be run on all household members over the age of 18. Fingerprints will be submitted to the FBI for verification.
2. All information stated is subject to verification.
3. All required releases must be signed by family members 18 and over.
4. I must report any change in income, assets, family composition, address or phone number within 10 days for application to remain valid.
5. False statements or information provided on this application are grounds for denial.
6. This application is valid for only 60 days unless renewed or updated by me, the applicant.

By my signature below, I do hereby swear and attest that all information on this application is true and correct.

Signature of Head of Household	Date
Signature of Spouse or Co-Head	Date
Signature of Other Adult	Date

WARNING: Title 18, Section 1001 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.

If you believe you have discriminated against, you may call the Fair Housing and Equal Opportunity national toll free hotline at: 1-800-669-9777.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

PARSONS HOUSING PREFERENCES

- YES, I** request that my name be placed on the Public Housing waiting list. I claim the following preference (s). In order to claim a preference we will need to verify that you are eligible for the preference. You will need to provide documentation establishing eligibility for the preference requested before we complete processing your application.
- No, I** do not wish to apply for placement on the Public Housing waiting list at this time.

Before an offer of assistance is made to an applicant who has been selected from the waiting list on the basis of an admission preference, the Housing Authority must require the applicant to provide verification that he or she qualifies for each of the preferences outlined above at the time of selection.

Working/ Elderly/ Disabled *(In its dedication to Fair Housing, without regard to age or handicap, the PHA will give working priority to applicant households who head, spouse, or sole member is age 62 or older, or is receiving social security disability, supplemental security income disability benefits, or any other payments based on the individual's (certifiable) inability to work)*

_____ **Working-**for all applicants who are employed at least (20) hours per week at the existing minimum wage.

_____ **Elderly-**Head of household and/or spouse are 62 years old or more

_____ **Disabled-** Head of household and/or spouse who are receiving SSI or SSDI for a disability, or have been certified by a doctor as disabled according to the Federal definition of disabled.

Involuntarily Displaced *(NOTE: If an applicant has moved into standard, permanent, or replacement housing within six months from the date of displacement the applicant will not qualify for this priority.)*

I have been involuntarily displaced due to:

_____ Federal, State, or Local government action; or

_____ Natural disaster rendering the unit uninhabitable due to flood, fire, etc; or

_____ Homeless (certification required) /Uninhabitable/ Substandard (code enforcement or letter of substandard condition)

Victim of Domestic Violence

_____ The applicant/family is residing in a public or private shelter as a result of domestic violence and has had actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who was living in the unit with the family.

_____ **None of the Above.** I do not claim any of the preferences listed above.

Applicant Signature

Date

Parsons Housing Authority

1900 BELMONT • PARSONS, KS 67357

620-421-7040 • FAX 620-421-7042

AUTHORIZATION FOR RELEASE OF INFORMATION

All residents of the rental unit who are age 18 or over must read and sign this form.

PURPOSE:

The Parsons Housing Authority may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION:

I/We authorize the release of information, including documentation and other materials necessary to verify eligibility for or participation under any housing assistance program administered by the Parsons Housing Authority.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expense	Social Security Numbers
Disabled Assistance Expense	Pensions and Assets
Medical Expenses	Employment and Income
Identity and Marital Status	Residences / Rental Property
Criminal Activity	Federal, State, Tribal or local benefits
Family Composition	Community Support Assistance

INDIVIDUALS/ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Courts/Government Agencies	Providers of:
Law Enforcement Agencies	Alimony
Financial Institutions/Credit Bureaus	Child Care
Employers, Past & Present	Child Support
Educational Institutions	Credit
Landlords	Disabled Assistance
Social Service Agencies	Medical Care
Utility Companies	Pensions/ Retirements / Annuities
	Mental Health Services

CONDITIONS:

I/We agree that photocopies of this authorization may be used for the purposes stated above. If I/We do not sign this authorization, I/We also understand that housing assistance may be denied, delayed or terminated.

I/We voluntarily waive all rights of recourse and release such person from liability for providing information to the Parsons Housing Authority. This release will expire fifteen (15) months from the date signed.

Print Name: _____

Soc. Sec. #: XXX-XX- _____

Date of Birth: _____

Signature: _____

Date: _____

Print Name: _____

Soc. Sec. #: XXX-XX- _____

Date of Birth: _____

Signature: _____

Date: _____



**EQUAL HOUSING
OPPORTUNITY**



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		



PARSONS HOUSING AUTHORITY

1900 Belmont, Parsons, KS 67357

Phone (620) 421-7040 Fax: (620) 421-7042 TTY: 711

PERSONAL REFERENCE

Please return within 7 business days

The U.S. Department of Housing and Urban Development requires the Housing Authority to verify all information that is used in determining a person's eligibility for housing assistance. We ask your cooperation in providing the following information and returning it. A stamped self-addressed envelope is included for your convenience.

I/We hereby authorize the release of information requested on this form. I/We understand a copy of this release is as valid as the original.

Applicant Printed Name

Applicant Signature

Date

Co-Applicant Printed Name

Co-Applicant Signature

Date

APPLICANTS DO NOT COMPLETE BELOW THIS LINE!

How long have you know the applicant? _____ Have you been in contact with applicant within the last year? **Y / N**
Is your relationship with the applicant as a personal friend / co-worker / family / or other: _____

Please rate the following: (1 = excellent, 2 = fair, 3 = satisfactory, 4 = poor, and 5 = unacceptable) **Comment**

	1	2	3	4	5	Comment
Dependability						_____
Responsible in financial matters						_____
Maintain a safe and sanitary environment						_____
Respect the rights of others						_____

To your knowledge, has the applicant been involved in any criminal and/or violent or drug related activity? **Yes / No**
If yes, please explain: _____

To your knowledge, does the applicant have the ability to meet lease & financial obligations, follow rules, and keep home clean and pest free? **Yes / No** If no, please explain: _____

Comment: use this area to provide any other information that you feel is pertinent to this applicant: _____

Completed by: _____ Date: _____

Address: _____ Phone# _____

WARNING: Title 18, Section 1001 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.



PARSONS HOUSING AUTHORITY

1900 Belmont, Parsons, KS 67357

Phone: (620) 421-7040 Fax: (620) 421-7042 TTY: 711

RENTAL HISTORY VERIFICATION

Please return within 7 business days

The U.S. Department of Housing and Urban Development requires the Housing Authority to verify all information that is used in determining a person's eligibility for housing assistance. We ask your cooperation in providing the following information and returning it. A stamped self-addressed envelope is included for your convenience.

I/We hereby authorize the release of information requested on this form. I/We understand a copy of this release is as valid as the original.

_____	_____	_____
Applicant Printed Name	Applicant Signature	Date
_____	_____	_____
Co-Applicant Printed Name	Applicant Signature	Date

APPLICANTS DO NOT COMPLETE BELOW THIS LINE!

Landlord Name: _____ Address: _____

Address of rental unit: _____

Are you related to the applicant: **Yes / No**

Move In Date: _____ Monthly Rent Amount: \$ _____

Move Out Date: _____ Security Deposit Amount: \$ _____

Proper Notice Given: **Yes / No** Deposit Withheld (if any): \$ _____

If money owed, please indicate: UNPAID RENT: \$ _____ DAMAGES: \$ _____ OTHER: \$ _____

Was rent paid on time? **Yes / No** If no, the number of late payments in the last 12 months? _____

Did/Do renter smoke in unit? **Yes / No** Did/Do they have pet or service/therapy/comfort animal? **Yes / No**

Where utilities in tenants name? **Yes / No** Where there any disconnects and if so how many? **Y/N** # _____

Who was listed on lease? _____

Did anyone not listed on lease stay in the unit? **Yes / No** Unauthorized guest name: _____

Was the rental unit and yard kept clean, safe, sanitary, insect and rodent free? **Yes / No** Explain: _____

Were there any damages to the property? If yes, please list: _____

Did tenant, their guests, or family members cause disturbances? _____

Were you aware of any criminal or drug related activity? **Yes / No** If yes explain: _____

List other lease violations? _____

Have or are you in the process of filing an eviction? **Yes / No** If yes, was there a legal judgment? **Yes / No**

Would you rent to this tenant again? **Yes / No** If no Explain: _____

Completed by: _____ Title: _____

Address: _____ Phone# _____ Date: _____

WARNING: Title 18, Section 1001 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.

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.

--	--

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.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

By my signature below, I acknowledge that I have been provided the above information.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Signature of Other Adult

Date

Authorization for the Release of Information/ Privacy Act Notice

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

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

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

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

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.